MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13082 CERTIFICATE OF DEATH filled in by the funeral n papers. Pages 1 and 2 ithin 72 hours after death. law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Prince George's o. SMaryland b. Prince George's vithin 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Cheverly C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Coral Hills 21 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1401 Boone's Hill Road Prince George's General Hospital YES NO T NAME OF Middle 4. DATE remave carban First Last Year DECEASED OF September 66 Erizah Adams (Type or print) DEATH 9. AGE (in years last birthday) 34 vrs IF LINDER 24 HRS. S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Hours 10/11/31 Male Colored WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INOUSTRY North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hallie Brown James Adams 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Peggy Adams 1401 Boone Hill Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIJE TO burial. payment h's Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hal use YES Z NO far 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) Nat While factory, street, office bldg., etc.) at work TO HOSPITAL OR ATTENDING Page 4 may be retained by shauld be 1966 ta 9/7 1966, that (#) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ 9/6 19 66, and that death accurred at 9:30 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FLORES 16/13 Laure NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 236 DATE THEREOF 230. BURIAL, CREMATION, (County) (State) BREMOVAL (Specify) 9/10/66 Lincoln Memorial Cem. Maryland 25b. REGISTRAR'S SIGNATURE MALLE SE Stewart Funeral Home 4001 Benning Rd., 20 M 1/66 C

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 K Ca MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) defay i, nd 3 ta Page o. COUNTY o. STATE b. COUNTY ō MARYLAND Prince George's Prince George's Marvland ent b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits; write RURAL and give nearest town) PM3 write RURAL and give nearest town) E after Cheverly Chapel Oaks d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE farm haurs ON A FARM? ate Prince George General Hospital 5800 Oates Street YES NO T hours after death. alang with 3. NAME OF Middle 72 Lost . 4. DATE Month Year DECEASED Item 18. Give within (Type or print) Allen DEATH Zacco Adgerson 66 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** LO birthdoy) Months DIVORCED 9-14-25 Negro event 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** .⊆ borro within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C pub elensed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT be executed permit. remayal 5714 Nome 38 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY MINUSES STAND DEATH Acute pulmonary edema Ы IMMEDIATE CAUSE (o) Ward This certificate should matian, DUF TO Conditions, if ony, which gove Hypertensive cardiovascular disease te, writing the v farwarded ta th unknown rise to immediate cause (a). DUE TO stating the underlying couse 0 OS burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? the certificate. 9 20a. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.) 3 shauld PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH agent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page o ease execute of work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry y and in my opinion director. Notoral causes 3 death resulted fram: Accident | Suicide Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY TD DEPUTY MEDICAL EXAMINER ... **EXAMINER'S** NAME (Type) John Riverdale, Md. Kehoe, M.D. 9-8-66 5 may TO FUNE Health Address (Street, city, town, or county) the 230 BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specifo FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 4925 Denne AVENE VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 40 24 hours after death, funera PLACE OF OEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY 一(b Prince George's

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Prince George's Maryland Pages C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) vithin 72 hours Cheverly Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? YES NO Prince George's General Hospital 229 Audrey Lane within carbon NAME OF Middle DATE Last 4. Month Oav OECEASEO Baby Bov DEATH (Type or print) executed DATE OF BIRTH FUNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years last birthday) Months Hours any WIDOWEO [DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR ician ease 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA death certificate be during most of working life, even (f retired) 13. FATHER'S NAME remor White Andre Chester 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Citiledavis ONSET AND DEATH -transi atur PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) been signe the burial-f or to burial, DUE TO Cenditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? certificate YES X NO [hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) t, of MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained 21. I certify that (1) (this hospital) attended the deceased from 9-9that (I) (we) last 19 65, to. the M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED Holow be ATTENDING PHYS. MEO. DIRECTOR STAFF PHYS. page Sept. 6. 1966 Page 4 may 4 шау PHYSICIAN'S 22d. ADDRESS director, p Bernardo Riverdale Rd., Riverdale, Md. Albarado, M.D. 6201 BURIAL, CREMANON, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL, (Specify) CREMATION 9/10/86 Prince G Gen. Hosp Sp. REC'D BY REGISTRAR | 250, REGISTRAR'S SIGN 24. FUNERAL DIRECTOR ADDRESS VR AI5 (4) 20M 1/65 énn. Administrator

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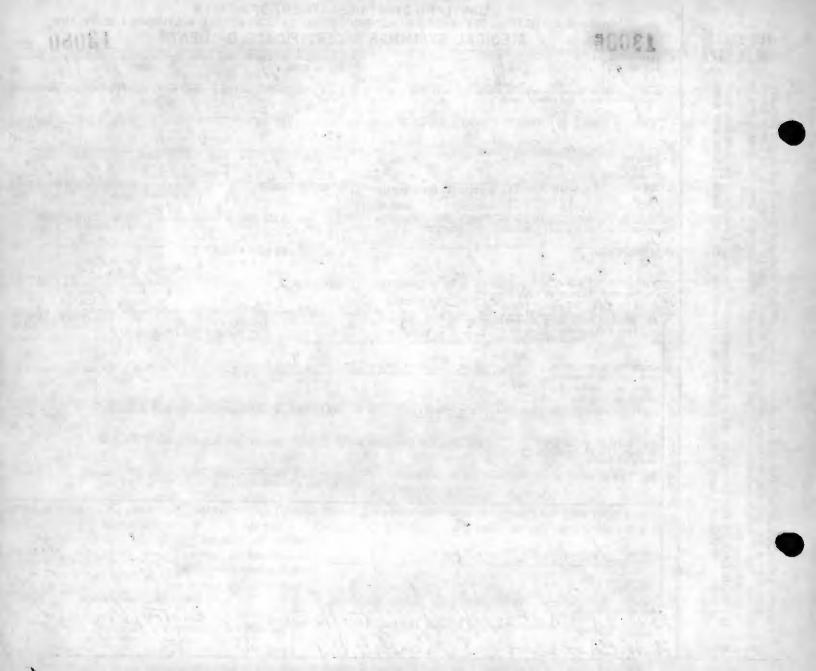
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #7 CERTIFICATE OF DEATH PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY o. STATE b. COUNTY The law requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate lignits, write RURAL and give negrest town) write RURAL and give nearest tawn) in by MD: 13 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hin 72 YES NO L NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH 1966 9. AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR | I IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Days Hours WIDOWED DIVORCED 25 1886 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT no most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME ог гетоуо 16. SOCIAL SECURITY NO. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service) COLLEGE cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH LONCHO POVERMONIA IMMEDIATE CAUSE (a) **DUE TO** nTenioschenoTic Henry burial, Conditions, if ony, which gave rise to immediate cause (a). DUE TO stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? HXTHNILLS YES NO 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) be retained by the haspital OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) Hour o.m. factory, street, office bldg., etc.) While Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram. IUN C . 196/ to 1966, and that death accurred at 52 M, fram causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S 7503 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) YSTOWN ADAMS 9 25g. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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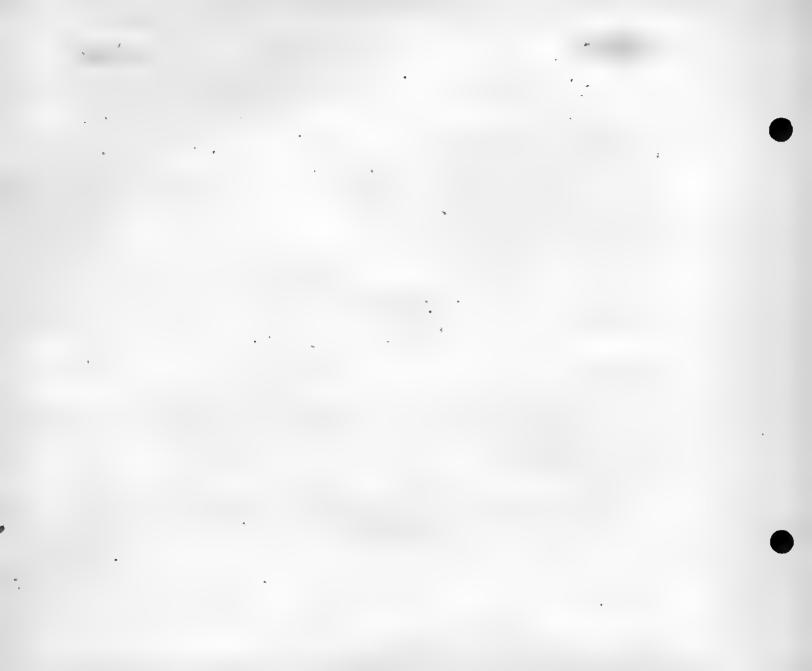
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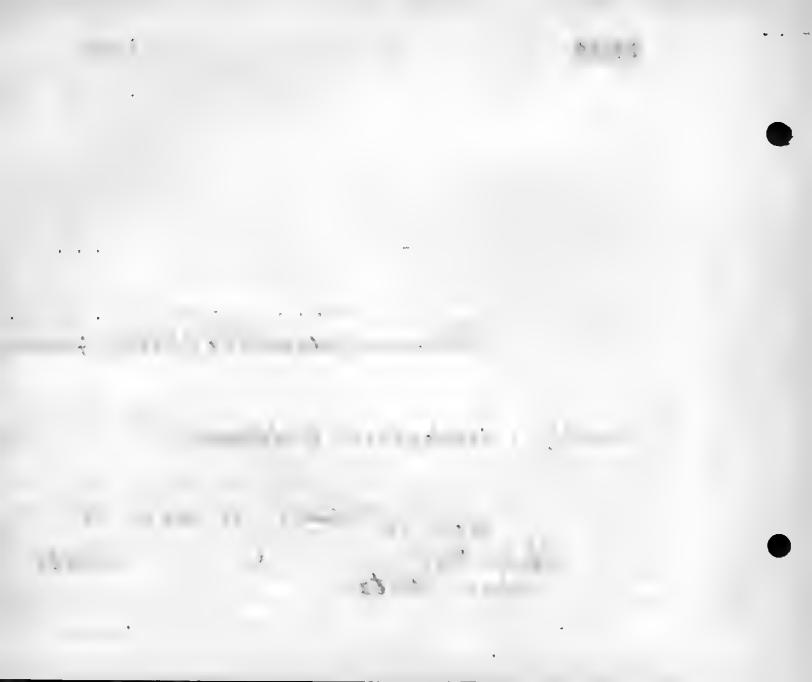
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Pertificate be executed within 24 haurs after death. death and 2 USUAL RESIDENCE (Where deceased tyrad, if institution Residence before admission) physician and campletely filled in by the funeral PLACE OF DEATH b. COUNTY a. COUNTY a STATE haurs after MARYLAND LENGTH OF STAY IN 16 b. CITY OR JOWN (If outside carparate c CITY OR TOWN imits, write RURA ve negrest/tel papers. hin 72 hc d STREET ADDRESS B. IS RESIDENCE ON A FARM? haspital, give street address) (If not in YES NO F Middle a × 3. NAME OF DATE Year Last DECEASED OF DEATH 196 event, (Type or print) IF UNDER YEAR IF UNDER 24 HRS S SEX-8. DATE OF BIRTH AGE 6. COLOR OR MARRIED **NEVER MARRIED** birthdmy) Months Davs Haurs DIVORCED and in any KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? during mast of working life, even if retired) 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME crematian, ar removal, hen 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address 17 attendi (Yes, no, Junknown) (If yes give war or dates of service) burial-transit permit INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (6D (b), and (c) the ONSET AND DEATH PART I. DEATH WAS CAUSED BY. signed by IMMEDIATE CAUSE (a) physician. DUF TO burial, Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause as the prior tal attending has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health NO 🔼 YES Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER NOTIFY MEDICAL EXAMINER) 20d. INJURYFOCCURRED 20e PLACE OF INJURY (Hame, farm, (Stote) 20c. TIME OF INJURY Month, Day, Year (City or town) (County) Haur a m. factory, street, affice bldg., etc.) Nat While at work-2). I certify that (1) (this haspital) attended the deceased fram_ shauld saw the deceased alive an 6. and that death accurred at 2.0 M. from causes and on the date stated above 22g. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR PHYS PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL REMATION 23da LOCATION (City or Town) (County) (Stote) EMOVAL (Specify) 2Sb. REGISTRAR S **ADDRESS** 24 FUNERAL DIRECTOR DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2c & d Film CERTIFICATE OF DEATH 13082 The law requires that the death certificate be executed within 24 hours after death. and 2 death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission O COUNTY b COUNTY MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) < LENGTH OF STAY IN 16 lease remove carban papers. Pac and in any event, within 72 hours days 30 Lanham .⊑ NAME OF HOSPITAL OR INSTITUTION (If not if haspital, give street address d STREET ADDRESS and completely fi NAME OF Middle DATE Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HR **NEVER MARRIED** (vobited-teal Hours WIDOWED DIVORCED and 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working the even if retired HOUSOWIIO INDUSTRY U.S.A. Austria 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or remayal, Unknown Katherine Maier 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2401-North (Yes, na, acunknown) (If yes give wor or dates of service permit. Mrs. H.C. Hayes -Powhatan 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) Daughter **burial-transit** PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if only, which gove nse ta immediate cause (a), DUE TO stoting the underlying cause this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 at Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur o.m. factory, street, affice bldg, etc.) Nat While of work 21. I certify that (I) (this haspital) attended the deceased fram , and that death accurred at 2.55 M, from causes and on the date stated above saw the deceased alive an 22a. SIGNATURE 22b DATE SIGNED STAFF M.D. DIRECTOR PHYS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 9/24/66 Ch. of Ascension Cem. Bowie. Md. 9 ADDRESS Mt. Reinier 250. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Maryland Home Inc. 1966 Layeles DATE



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	ne di	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
	t the sit the materials	PART I. DEATH WAS CAUSED BY INNE TOTAL (6). ONSET AND DEATH IMMEDIATE CAUSE (6).	
	유립장을	DUE TO	
	res Sici	Conditions, if any, which gove) (b) fortecionallules feat lease 3 gray	
	Programme Progra	rise to immediate couse (0),	
	re de	stating the underlying cause DUE TO lost. (c)	
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	Per this per the per this per	Hour o.m. While Not While fortory, street, office bldg, etc.)	
	o = To e	D.III. II DI WOLK - OI WOLK -	_
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	agine H		ive.
	점 원 등 등 후	220. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED	
	ed 38	M.D. PHYS. DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR DIRE	_
	AL OF SET	22c. PHYSICIAN'S NAME (Type)	
	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be defached far u shauld be filed with the State Dept. af Heal		=
	aul aul	230 BURIAL CREMATION, PRINCIPLE PROPERTY OF CREMATORY 23d LOCATION (City of Town) (County) (State) BUT131 9/20/66 Ft. Lincoln Colman Manor P. G. Mc	
	5 5 5 9 2 V		i.
	VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	
	20 M 1/66	Francis Gasch's Sons Hyattsville, Maryland DATE SEP 20 1966 Charles Judge	6"

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral s 1 and death .. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE Maryland **b** COUNTY signed by the attending physician and-completely filled in by the fur burial-transit permit. Then please if boys tarban papers. Pages I burial, crematian, or removal, and in any event, within 72 haurs after. Prince George MARYLAND Anne Arundel b. CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Cheverly 14 Days Shadyside. d NAME OF HOSP.TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General Hospital SteamBoat Road. YES NO F 3. NAME OF First Middle 4. DATE Last Manth Year Doy DECEASED (Type or print) Mary Bowen Á 11 19 66 Sapt. 6 COLOR OR RACE AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED Z NEVER MARRIED DATE OF BIRTH birthday) Months Hours Female White 4-16-99 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign corintry) 12. CITIZEN OF WHAT during most of working I te, even if retired) INDUSTRY Savannah, Georgan S. Clerk - Retired Bakerv 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Metcalfe Algie Rene Wall IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no ar unknown) (If yes give war or dates of service) Walter E. Bowen Shady Side, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO Canditions, if ony, which gove (b) rise to immediate cause (o). DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. at Health priar ta OR ATTENDING PHYSICIAN: The law WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour a.m. While Not While factory, street, office bldg , etc.) at work at wark 21. I certify that (I) (this haspital) attended the deceased from 11. 1966, that (I) (we) lost and that death accurred at / M, from causes and an the date stated above. saw the deceased alive on 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D DIRECTOR PHYS 22d 22c PHYSICIAN'S ADDRESS NAME (Type) 612 x C 23c NAME OF CEMETERY OR CREMATORY BUR-AL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) Fort Lincoln Cemetery Prince Georges, Md. 9/11/66 Burial 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Gilbert C. Vincent 2525 Bladensburg Rd. N.E.D. Chate



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral stemator carban papers. Pages I and 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Prince George's MARYLAND Maryland Prince Coopers

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b 2 mo. 3 days Hvattsville Cheverly e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO 🕮 Prince George's General Hospital 3914 Calverton Drive 3. NAME OF 4 DATE Day Year DECEASED (Type or print) DEATH Sent 1966 William Bowie 9 AGE (In years lost birthdoy) IF JNDER 1 YEAR IF LINDER 24 HRS. S SEX 6. COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 7 MARRIED Months Dovs Hours WIDOWED DIVORCED 2-25-00 66 Cauc. 17. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10o HS.JAL OCCUPATION (Give kind of work done COUNTRYPT S A during most of working life, even if retired) INDUSTRY washington D C the attending physicial sit permit. Then please in nation, ar remayal, and it Vice Chairman of Board Bank Suburban Trust 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Brice Bowie Sarah Kerfoot 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 37 INFORMANT Address 212 03 11664 Ruth Bowie Hyattsville, Md yew INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove 1 rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO be retained by the haspital ar detached far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Heur o.m. Not While at work of work ., 19_66 , ta______9_7__, 1966 , that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 7-4-0.7 19 gg and that death accurred at non- M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR PHYS PHYS. director, page 3 should be filed 22d. ADDRESS 3 22c. PHYSICIAN S Don B. Cameron, M.D. NAME (Type) 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION, REMOVAL (Specify) D. C. Sept 10, 1966 lenwood Cemetery Washington 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 F. Gasch's Sons Hyattsville, Md. DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUA1 RESIDENCE (Where deceased lived, if institution Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE 5. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If autside carporate +mits, write RURAL and give nearest town) c. LENGTH OF STAY IN Th c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) ban papers. Page within 72 hours a Glendale days Riverdale d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? YES NO X Eugene Leland Memorial Hospital DuBarry Ave 3 NAME OF Middle Last DATE Manth Day Year DECEASED 13 September 1966 (Type or pnnt) Dora G. Boyman DEATH IF JNDER I YEAR S SEX 9. AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthday) Months Days Hours duy female white WIDOWED DIVORCED 6-21-86 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
House Wi COUNTRY? INDUSTRY Holland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remay Gerbens UNK IINK WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dotes of service Hospital records None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tramsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Conditions, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying couse the O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES far 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACC DENT WAS JNDERLYING [the haspital detached for the Dept. of the OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form. 20f. (City or town) (County) (State) Hour a.m. Not While foctory, street, office bldg., etc.) at work at work 21. I certify that (1) (this haspital) attended the deceased fram 9 - 6 .. 196 6. that (I) (we) last 1966 . ta be retained 1964, and that death accurred at 92 P.M. fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** STAFF M.D. DIRECTOR PHYS page be filed 22d ADDRESS PHYSICIAN'S Page 4 may Landorer NAME (Type) BHATVNI 8 directar, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) H111 Suitland 25b. REGISTRAR'S SIGNATURE -2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral s 1 and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o. COUNTY o. STATE b. COUNTY nce Georges Prince Georges Maryland ician and completely filled in by the fur lease remave carban papers. Pages 1 directly event, within 72 hours after MARYLAND b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) days Lanham Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? 9720 rince Georges General Hospital Annapolis hd. NO 3. NAME OF Middle Lost 4 DATE Month Doy Year DECEASED
(Type or print) OF Sept., Brown 66 John 19 DEATH 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years IF UNDER I YEAR 7 MARRIED **NEVER MARRIED** IF UNDER 24 HRS. last birthday) Months Dovs Hours WIDOWED DIVORCED 3 Sept.1899 Legro 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY attending physician permit. Then please COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, na, ar unknown) (If yes give war ar dates of service signed by the c burial-transit p 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b) and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove nse to immediate cause (a), DUE TO stating the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior to OR ATTENDING PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO be retained by the haspital or YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. While foctory, street, office bldg., etc.) at wark TO FUNERAL DIRECTOR: After at work 21. I certify that (I) (this haspital) attended the deceased from August 22, 1966, to Sept. 23, 1966, that (I) (we) lost saw the deceased alive an Sept. 23 19 66, and that death accurred at 2.05 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** 9/24/66 DIRECTOR PHYS PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) William Brainin, M.D. 6124 Central Ave., Capitol Hgts, Md. 23a BURAL CREMATION NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRARIS SIGNATURE ADDRESS 250 REC'D BY REGISTRAR VR A15 (4)



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13 S4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13088
HEALTH DEPT.	1. PLACE OF DEATH 2 a. GOUNTY (// b. COUNTY X 7
**************************************	MARYLAND MARYLAND
Para Inner	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)
S neces the first	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
delay is nd 3 to Page State I hours a	Prever services for the profile Lie place VES NO E
ny del 2, and M3. The Si 72 ho	3. NAME OF DECEASED (Type or print) A DATE Month Day Year OF DEATH SPOT 22 1966
1,2,0 a Property of the Proper	5. SEX 1 6. COLOR OR RACE 17 MARQUED TO NEVER MARQUED FOT 1 8. DATE OF BIRTH 19. AGE (IN YEAR INFUNDER 2 YEAR INFUNDER 2 YEAR)
iges 1, 2 form P within	DIVORCED 5-5-1920 ENTERINDARY Months Days Hours Min.
ive Pag with	10a. USUAL OCCUPATION (Give kind of work done of the line) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11b. KIND OF BUSINESS OR COUNTRY?
n 18. Gi a along pages 1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
nours am 18 se al	John Brown Itensiettes Stokes
24 ho in Item Office File 1, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upskown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
I within 2 pencil in miner's C permit. I	1 18. CAUSE OF DEATH [Enter only one cause per line for (2) (0) and (0) }
ed w in pe xamii it pe or re	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)
kecut ing" al E trans ion, d	DUE 10
"pending" in "pending" in "pending" in "pending" in standing in a burial-transit i cremation, or s	gave rise to immediate (b) if but it of the control
ief i	cause (a), stating the DUE TO / underlying cause last. (c) / (c)
ALEXAMINER: This certifiente word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may 56 files. Files. Tols: Page 3 should be used as a burial-transit permit. File pages I page 2 with the State Department designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after designated.	The state of the s
to the troise is the troi	YES NO YES NO 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
R: This certificate, writing forwarded to 3 should be a gent, prior t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO NO PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI
Thir orwa sho gent,	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
INER Liffica be f ige 3	
AL EXAMINE the certification of the certification o	21. I certify that I took charge of the remains described above, held an Autopsy, inspection d, inquiry Z, and in my opinion death resulted from: Natural causes Z, Accident, Suicide, Homicide, Undetermined manner
EDICAL urte the ge 4 sh your fil IRECTO	CHIEF MEDICAL EXAMINER
ry MEDICAL execute the Page 4 s i for your fall direction or its de	ACTUAL SIGNATURE
	EXAMINER'S NAME (Type) DAYTCA C 64 FTA/A SAddress (Street, city, town, or county)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2 2 2 0	24. FUNERAL DIRECTOR 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME	4.5. Wirshington cosen a 4925 Deane Ave N.E DATE SEP 1866 " anley Judge



	MARYLAND STATE DEPARTMENT OF HEALTH	
3 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATES	1308	9
/\ HEALTH DEPT_/	1 PLACE OF DEATH 0. COUNTY 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence be	efore admiss on)
th of the second	o. COUNTY Prince George's MARYLAND Maryland Prince Ge	once le
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2, and 3 to PM3. Page spartment of after death.	write RJRAL and give negrest town) Cheverly DOA Hyattsville (Kentland)	
ty de 1, 2, an m P.M.3. Departmrs after	d NAME OF HOSP TAL OR INSTITUT ON (If not in hospitol, give street oddress) d STREET ADDRESS	e IS RESIDENCE ON A FARM?
a size a size	Prince George General Hospital 2820 76th. Avenue	YES NO T
24 hours after death in Item 18. Give Poger's Office along with the Stot so long with the Stot my event within 72 ho	3 NAME OF First Middle Lost 4 DATE Month F	Doy Year
de f	DECEASED (Type or print) Janice Marie Bryson DEATH 9	19 66
after de Give glong verthin the	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (n years IF JNDER) YEA	AR J.F UNDER 24 HRS
hours a Item 18. Office of	Female Widowed Diversed 22 March 1947 lost burthdoy Months Doy	ys Hours Min.
hours Office Office	100 USUA, OCCUPATION (Give king of work done 10b KIND OF BUSINESS OR 11 BIRTHP, ACE (State or foreign country) 12 CITIZEN	OF WHAT
24 P	Beweit Salon Washington D.C." UOSI	Ma
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
d within in pencil Exomine File pog ond in c	John H. Bryson Jr. Evelyn M. Dillon	
A SE	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Mrs. Evelyn Kendall Same as #2	4 .1
executed onling" if Medical permit.	(Yes no, or unknown) (If yes give wor or dotes of service # 7 Mrs. Evelyn Kendall Same as #2	(mother
be executed within 24 "pending" in pencil in hef Medical Exominer's ansit permit. File poges or removol, ond in any	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
should be e ne word "per o the Ch ef I buriol-transit mation, or re	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain m	ONSET AND DEATH
ord ord H. Tr.	777 DUE TO From trauma- auto accident	
shourio urrio	Conditions, if any, which gove (b)	
te the the the to I to I to b	rise to immediate couse (a), DUE TO	
fico ing rdec os	[ast. (c)	
MINER: This certificate should be executed within the certificate, writing the word "pending" in pencil 4-should be forwarded to the Ch ef Medical Examine riles e 3 should be used as a buriol-transit permit. File pageent, prior to buriaf, cremation, or removal, and in a	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED?
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+ _ - 0	PRIMARY TO OF CONTRIBUTING [] [ALSE OF DEATH [Driver of car which struck gains rei]	
NER release sho st, p	CALSE OF DEATH Driver of car which struck gaurd rail. 20c TIME OF INJURY Month, Doy, Year 20d M.JRY OCCURRED 20e, PLACE OF INJURY (nome, form, 20t (city or town) (County)	(Stote)
breat EXAMINER: se execute the certification. Poge 4-should ned for your files ECTOR: Page 3 should signofed ogent, principles.	Hour o.m. While Not While factory, street, office bldg, etc.)	(31016)
execute execute for Poge of TOR: Pogginofed of	12: A Call the Secretary of the Secretar	
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Sign Sign	death resulted from: Natural Quses Accident Z, Suicide , Hamicide Undetermined manner	
Medical please e I director retained DRECTOR State of the control of the contro	ACTUAL CHIEF MEDICAL EXAMINER C	22 DATE SIGNED
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TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your to FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, lown, or county)	9-11-66
O DEPU necessa the fun 5 moy O FUNE Health	230 BUR AL CREMMON / 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City of Town) (Country)	
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0	24 JUNERAL DIRECTOR A ADDRESS 250 RECD BY REGISTRAR 250 REGISTRAR \$ SIGNA	TURE
VR A15ME (5)	Milliam & Basch 4739 Bello are, DATE SEP 14 1966 Pelian	les judge
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1, 1	IIt	ems 18&21 Film 387 4MARYLAND STATE DEPARTMENT OF HEALTH
The state of the s		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		13.35 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14539
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
11 11 Non W		a. STATE MARYLAND a. STATE MARYLAND
eral be be sth.		D. CLTY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
essary funeral nay be urtment death.		Write HUNAL and give nearest town
is necessa the func e 5 may Department	-	A NAME OF HOSPITAL OF INSTITUTION (If not in hospitatyraina ctrastrandiress) d STR FET ADDRESS e. IS RESIDENCE
to t	. 1	ON A FARM?
helay la nd 3 to Page State hours	3.	Hart Circle
any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be the State Department on 72 hours after death.		Type or print) FLOYD BRY AN CALDWELL DEATH SELT 30 1966
## PP 2		SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (III years IF UNDER 1 YEAR IF UNDER 24 HRS.
Pages 1, 2 th form P nd 2 with	,	WIDOWED DIVORCED Sht 28 18 2/4 26 yrs. Months Days Hours Min.
SEE TER	10	
ive wi	du	Was 1 ing / Dunling Michigan 1/C/
	18	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
E-10 2 5 5 7	-	John Daniel Caldwell Unknewn
24 hou office of File p	1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 7831 T. # 4465SC 1 rcl #
	CY	es, no, or unkown) (fryesgive war or dates of service)
should be executed within word "pending" in pendil in Chief Medical Examiner's as a burial-transit permit.		1 19 CARRE OF DEATH Enter only one cause par line for (a) (b) and (c) ?
A DE LES	2	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A SHALL W PILLET SHILL
uld be executed f "pending" in sf Medical Exar a burial-transit cremation, or i		Due to Cranulomatous myocarditis
be exe Pendin Medica vurial-tr		Conditions, If any, which (Organism undetermined)
Mer in the man in the		gave rise to immediate Associated with:
l, c		cause (a), stating the underlying cause last. (c) 1. right inguinal hernia
ficate should the word ' the Chief used as a t to burial, co	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED?
certificate s iting the w fed to the (dd be used a prior to bur	CERTIFICATION	3. advanced postmortem putrefection YES X NO []
		20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	SE	PRIMARY or CONTRIBUTING CAUSE OF DEATH.
R: This crate, writer forward 3 should agent, pagent,	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (State)
icate e fo e 3	MEDICAL	Hour a.m. While Not While at work at work
EXAMINER: This certificate, without be forwarder. R: Page 3 should be signated agent,	1-	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection
the certificate, the certificate, 4 should be forward files.		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner
2 4 4 8		CHIEF MEDICAL EXAMINER
		SIGNATURE & Co & 12 YC C & de la Character M.D. ASSISTANT MEDICAL EXAMINER
6 5 3 4 2 3 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5		EXAMINER'S DON'T A / / 1 TE / A S Address (Street city town or county) / L'-1(/
	2	NAME (Type) / / / / / / / / / / / / / / / / / / /
o DEPU please directol retaine o FUNE	23	BONNAL (Specify) 30/6/66 Anlington Nettl Com. Anlington Vincinia
7 = =	2	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME		Ritchie Bres. Upper Marlbere, Md. DAIE OCT 13 1956 Micarles Judge
3500 4-64	-	

135. 15 0 .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Pr. Goo. d in by the furs. Pages 1 after Prince George Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b NOUITS D. O. A. Chaverly Hyattavilla d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ove carbon papers. filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Geo. Gen. Hosp. 2500-Queens NO Chpl.Rd. YES completely 3. NAME OF DATE Month Middle Last Day DECEASED 9 (Type or print) DEATH 19 Carroll Sr 1966 Joseph AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS, last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED 7. MARRIED апу Male White 5 1908 58 WIDOWED DIVORCED [F.3 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT all 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) certificats be physicia U.S.Govt.-Pentagon Budget Analvst U.S.A Wyoming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova John J. Carroll Annie Winters 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) ((If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Ы dmatil been signed by the attuction the burial-transit permit or to burial, cremation, o Mrs. Clara Ann Carroll (above address 522-42-2696 Nο 18. CAUSE OF DEATH [Enter only one cause per line-for (a), (b), and (c). Wife ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hampital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TO this certificate has bee detached for use as the e Dept. of Health prior to (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT THE TERMINAL-DISEASE CONDITION GIVEN IN PARTICAL WAS AUTOPSY PERFORMED? CLOREYES NO 🔼 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) be de State Hour a.m. FUNERAL DIRECTOR: After rector, page 3 should be could be filed with the State While Not While à at work at work p.m. le retained 19 66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 3 48 M, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE DATE SIGNED ATTENDING PHYS. director, page should be filed M.D. DIRECTOR PHAS. 4 mlly PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) DATE THEREOF 23d. LOCATION (City, town or county) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Camatary 256. REGISTRAR'S SIGNATURE ADDRESS Funeral Nalley's Mt.Reinier VR A15 (4) Inc Home rvland DATE 15M 4-64



1 (N	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 50 NA	CERTIFICATE OF DEATH 13091
hours after death. d in by the funeral rs. Pages 1 and 2. thours after death.	1. PLACE OF DEATH a. COUNTY a. STATE 2. USUAL RESIDENCE (Where deceased lived, If institutions Rasidence hefore admission) a. STATE A. COUNTY D. COUNTY
rs after by the Pages 1 urs aftei	b. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
in the series of	FORESTVIALE ZMOS forestrille ma.
filled papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM?
within fetely rrbon t, with	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
executed within 24 hours after in and completely filled in by the 1 remove carbon papers. Pages 1 in any event, within 72 hours after	5. SEX 6. CDLOR, OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 2 4 HRS. last blithday) Hours Min. Hours
a Paragraph	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR. THE STREET COUNTY & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY? USA. CAWASA. COUNTRY? USA.
ficate entro	13. FATHER'S NAME
eath certifica attending ph ermit. There	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, np. or unknown) (19 yes give war or dates of service)
te death control the attencial permit.	NO NOME SAMERS 2D
at the death certificat ian. d by the attending blu cransit permit. Therap cremation, or removal,	18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c) 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Archival Value Oar Alfielder 2 mos,
res th physic signe burial-l	Conditions, If any, which gave rise to immediate (b) Anteniogalorated Heart Susans Yeuns
r req ending s bec s the ior to	cause (a), stating the DUE TO underlying cause last. (c)
CCAN: The law requinospital or attending to certificate has been hed for use as the b.t. of Health prior to b.t. of Health prior to b.t.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certific detached for e Dept. of K	
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 100. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work.
	21. I certify that (I) (this hospital) attended the deceased from \$-5, 1966, to \$4-\$\frac{1}{2}\$, 1966, that (I) (we) last saw the deceased alive on \$-2, 1966, and that death occurred at \$6.50 M, from the causes and on the date stated above.
OR AT DIRECT BE 3 Sied With	22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 9-66
Fage 4 may be retained by Educator, page 3 should be filed with this should be filed with the	22c. PHYSICIAN'S NAME (Type) WALTER D. SHEER 7200 MARIBONO PIKE S.E. WASH. 20028, DC
Page Page direct should	238. BURIAL CREMATION, 23b. DATE THEREOP 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) ST FRANCIS XAVIER CEM WINDSKI VERMONT
VR A15 (4)	24. FUNERAL DIRECTOR LES SIT-1/2 ADDRESS SE WORLD 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP 8 1966 followers Judge
15M 4-64	I DATE SET O TOPE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13092 13.99 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince George's o. STATE Maryland b COUNTY Prince George's MARYLAND b CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (if outside carparate limits, write RURAL and give negrest town) r. LENGTH OF STAY IN 16 1 hr. 35 min. Hvattsville Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 3906 Longfellow Street YES NO [3 NAME OF First Middle 4. DATE Manth Lost Day Year DECEASED Clift Katherine H . September 1966 19 Type or print DEATH S SEX 8. DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR LIF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last puthday) Manths Dovs Haurs White February 24, 1919 Female WIDOWED DIVORCED 10a US_AL OCCUPATION (Give kind of work done 106 K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT the attending physician of the please during most of working life, even if retired) University U.S.A. South Carolina 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Earl B. Howard Lucy J. Carlton 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) i(If yes give war ar dates of service) 577 07 2226 Rex Howard Hyattsville, Md. 18 CAUSE OF DEATH (Enter only one cause per line to, (a), (b), and (c) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONJET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO as the stating the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING A DEATH BUT NOT RELATED TO DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES 20o ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF ESTHER, NOTSFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While at wark at wark L 1962 to S. IT 19 ., 19*6C*, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 19 66, and that death occurred at 1126 PM, from causes and an the date stated above. saw the deceased alive an _____ 22g. SIGNATURE 22b. DATE SIGNED September 20, 6 M.D. PHYS DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN NAME (Type) Gordon W. Kelley 6124 41st Ave. Hyattsville, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY, OR CREMATORY 23b DATE THEREOF (Store) 230 BURIAL, CREMATION, (County) B REMOVAL (Specify) Hill Cemetery Sept 22. 1966 Cedar Suitland, Pro Geo Md. 25b. REGISTRAR'S SIGNATURE 250. RECID BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville. Md. DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbed papers. Pages Land burial, crematian, ar remaval, and in any givent, within 72 hours affer deal o. STATE Maryland o. COUNTY Prince George's Prince George s
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 17 days Cheverly Laurel e IS RESIDENCE d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 513 8th Street YES [NO [Prince George's General Hospital ′≘ 3 NAME OF First Middle Last 4. DATE Month Day Year DECEASED ent, Coatley September 29 1966 (Type or print) Raymond DEATH SEX 6 COLOR OR RACE B. DATE OF BIRTH 1-5-1905 9. AGE (n years IF UNDER 1 YEAR I IF JNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours WIDOWED DIVORCED Male Negro 10a, USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) country S . A . during most of working life, even if retired) INDUSTRY laryland 13. FATHER'S NAME 14 MOTHERS MAIDEN NAME Lila Gibson pinkney Cromwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service Carvilla Wilson: Item # 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gove use to immediate cause (a), DUE TO has been s ise as the t th priar ta b stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health YES 🗶 NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg , etc.) Nat While ol work at work 21. 1 certify that (I) (this haspital) attended the deceosed fram Sept. 12, 1966, to Sept. 29, 1966, that (I) (we) last 3 should be with the 5 sow the deceased alive on Sept. 29 19 66, and that death occurred at 11:15M, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. STAFF PHYS. 9/30/66 director, page 3 shauld be filed v DIRECTOR 22d ADDRESS Prince George's Genl. Hosp. Cheverly, Md 22c. PHYSICIAN'S J. A. Garcia, M.D. NAME (Type) 230. BURIA. (REMATION, REMOVAL (Specify) PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Facontown., Lourel. Ma 25b. REGISTRAR'S SIGNATURE 24." FUNERAL DIRECTOR лоскуі 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1/and 2 burial, crematian, ar remaval, and in any event, within 72 hours aftet degree requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY o. STATE Prince Georges MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA; and give nearest town) write RURAL and give nearest town) 1 yr., 11 mos D.C. Glenn Dale (rural) IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS Glenn Dale Hospital No fixed address YES NO K 3 NAME OF 4. DATE Lost Year First DECFASED 19 66 8 Coley Furney G. DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In veors S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 10/10/1896 White WIDOWED T DIVORCED Male 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR U.S.A. during most of working life, even if retired) INDUSTRY Rocky Mount, N. C. Janitor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ella Whitley Samuel L. Coley 17 INFORMANT Address TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dofes of service) 224-05-2889 Decedent INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Acute myocardial infarction dav Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO Arteriosclerotic heart disease stoting the underlying couse unknown O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta PARL III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Pulmonary tuberculosis; pulmonary emphysema & fibrosis; old myocardial infarction; auricular fibrillation; bilateral inguinal hernias, ** WAS AUTOPSY PEREORMED? YES A NO 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH VO (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (County) (Stote) 20d. INHIRY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 9 Not While factory, street, office bldg., etc.) Hour o.m. epaired of work ot work 10/14/ , 1964 , ta 9/8/ , 19 66, that \$1 (we) last 21. I certify that (this haspital) attended the deceased fram___ directar, page 3 shauld shauld be filed with the 19 66, and that death accurred a2:35AM, fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 220 SIGNATURE ATTENDING 9/8/66 X DIRECTOR M.D. PHYS. 22d ADDRESS Glenn Dale Hospital Glenn Dale, Md. eft, 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify)
Burial Bladensburg, Maryland 9/12/66 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) SEP 20 M 1/66 Ua

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH remuires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased fixed, if institution PLACE OF DEATH Residence before odmission b. COUNTY Prince George o. COUNTY o. STATE Maryland Prince George MARYLAND b CITY OR TOWN (If outside corporate limits, write SURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Suitland Nursing Home 7305 Rolling Ridge Road YES NO TOP NAME OF Middle DATE First Lost Month Year DECEASED Sept. 2. Coller 66 Edgar Allen 19 Type or print DEATH IF UNDER 24 HRS. 9. AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH birthdoy) Doys Aug. 18,1875 Male White WIDOWED SC DIVORCED 1). BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even fretired)
Retired Naval INDUSTRY. S. A. Williamstown Pa. S. Gov. Gun Factory 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Cox Coller Marticia Jacob 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 5 7414 Glendora Dr. Dist. Hg Edgar J. Coller No No None signed by the atter barial-transit perm burial, crematian, a INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate couse (a). DUE TO far use as the l f Health priar ta b stating the underlying couse has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT, MOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the hospital ar O HOSPITAL OR ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 2). I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the and that death accurred M, fram causes and an the date stated above. saw the deceased alive an **DATE SIGNED** 220 SIGNATURE PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION, 23b DATE THEREOF (Stote) REMOVAL (Specify) Arlington , Sept. 6,1966 Arlington Nat. Robert E. Wilhelm Funeral Home 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Suitland Rd. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. GOUNTY b. COUNTY delay is necessary, and 3 to the funeral 3. Page 5 may be MARYLAND State Department hours after death. b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) -d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO E YES 1 2, and PM3. NAME OF . First Month Middle DATE Day Last Year The 72 DECEASED OF DEATH (Type or print) 19 2 with within after death. If a Give Pages 1, ong with form 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED 7. MARRIED last birthday) Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHA 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY?. during most of working life, even if retired) INDUSTRY аюпд ank pages!] in any FATHER'S NAME "pending" In pencil in Item 18 Medical Examiner's Office als Elizabeth G. Graff File 15. WAS DECEASED EVER IN U.S. ARMED FORCES INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) permit. removal, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause perflige for (a), (b), and (c), I ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which should be e word "pen (b) gave rise to immediate DUE TO cause (a), stating the œ underlying cause last. (c) used as to burial, ICATION PART HI, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY RERFORMED? YES X NO F be or DESCRIBE HOW INJURY OCCURRED. (Enter nature of July In Part I or Part II of Item 18.) CERTIF 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should l CAUSE OF DEATH. 3 shou agent, MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Gounty) (State) tificate, factory, street, office bldg., etc.) Hour a.m. Not While While CTOR: Page designated at work 19 at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and In my opinion Inspection should the cer files. FUNERAL DIRECTOR: Undetermined månner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER for your execute r. Page 4 SIGNATUR ö DEPUTY MEDICAL EXAMINER 7 Health **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) please 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23c. REMOVAL (Specify) 2 Arlington, Arlington Nat. Com. Va. Burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Rainier Nallevi VR A15ME Maryland Funeral The. Home 3500 4-64



1 (M)	1	Division of STATISTICA		MARYLAND STATE DI ARCH AND RECORDS, 30			TIMORE, MARY	LAND 21	201	
FOR STATE		13.34	MEDI	ICAL EXAMINER'S	CERTIFICATE	OF DEA	\TH	13	098	
HEALTH DEPT.		COUNTY Prince George 's		MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where dece	b. C0			,
f uny delay is 1, 2, and 3 to m PM3 Page Department of rs after death.		OCITY OR TOWN (If outside carparate imits, write RURAL and give nearest town) Laurel		9 months	Laurel	outs de corpo				
th If City ges 1, 2, a farm Pl reference Deported to the City get 1, 2, and a farm Pl reference of the City get 1, and a farm pl reference of the City get		. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospitol, g	ive street oddress)	d STREET ADDRESS General De	elive:	prop.		e	ON A FARM?
offer death 1f c. 8. Give Poges 1, olong with farm with he State De	3	NAME OF First JECEASED Type or print) Roscoe		Middle Coe C:	rowder	4. DATE OF DEAT	Mo	nih	Doy	Year 19 66
hours ofter death tem 18. Give Page Uffice along with f ond the State even with 72 h	S	6 COLOR OR RACE 7	MARRIED WIDOWED	□ NEVER MARRIED □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	B DATE OF BIRTH 11-16-1927	063	9 AGE (In years ost birthdoy) 38 yrs.	Months	Doys	IF UNDER 24 HR Hours Min
	10o	JSUAL OCCUPAT ON (Give kind of work done ing most of working life, even if retired)		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (Stor	e or fareign			IT ZEN OF OUNTRY?	TAHW
within 24 pencil in 1 xaminer's (ile poges 1 ind in ony	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
xecuted with a permit in permit Exar permit File removal, and	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((If yes give wor or dotes of se	16. S	OCIAL SECURITY NO. 17.	INFORMANT		Add	ress		
This certificate should be executed within 24 icate, writing the word "pending" in pencil in be forworded to the Chief Medical Examiner's be used as a buriol-transit permit. File pages in to buriol, cremotion, or removal, and in any		18. CAUSE OF DEATH (Enter only one couse p PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)		(o), (b) ond (c)) ration of vom	itus				NTE ONS MILT	RVAL BETWEEN ET AND DEATH OUTES
s certificate should be e e, writing the word "per forworded ta the Chief ! e used as a burial-transit a burial, cremation, or re		Conditions, if ony, which gove (b)	Acut	e pancreatiti	3				unl	known
certificate writing the rworded its seed os o be suriol, crem		stoting the underlying couse (c)							7	
h s certif ate, writ e forwar be used ta burio	CERTIFICATION	PART 1. OTHER SIGN# CANT CONDIT ONS CONTI								WAS AUTOPSY PERFORMED? S X NO
IINER: The entification is shauld be files. 3 should be as should be out, prior to	AL CERTIFI	200 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH		SCRIBE HOW INJURY OCCURRED	,		, , , , , , , , , , , , , , , , , , ,			
LEDICAL EXAMINER: Toose execute the certification. Page 4 shauld bouned for your files. IRECTOR: Page 3 should designated agent, prior	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19	While of work	Not While of for	ACE OF INJURY (Home, fo fory, street, office bldg., et	0	(City or town)	(0	ounty)	(Stote)
br(AL EXA se execute extor. Page ned for you rECTOR: Pag		21. I certify that I took charge of death resulted from: Notural C	_		cide, Homicid	e 🔲,	Undetermined	iuiry 🔀 nonner [and	In my opinio
Tret de la state d		ACTUAL SIGNATURE		lehrt	M.D. ASSISTANT MI	EDICAL EXAM	INFR 🔲		2	2. DATE SIGNE
ecessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eouth or its designated age		EXAMINER'S NAME (Type) John Kehoe M	.D.	Riverdale M	DEPUTY MEDI Address (Stre	et, city, tow	-			6-66 (Stote)
TO DI TO FIU		BUR ALCREMAYON 23b DATE THERECE REMOVAL (Specify)	66 V	ADDRESS	Med Solur	D BY REGIS	tollin	REGISTRARY	(County)	E
VR A15ME(5)	2	TOTELAL DIRECTOR		Monda	DATIS			1120		acoge



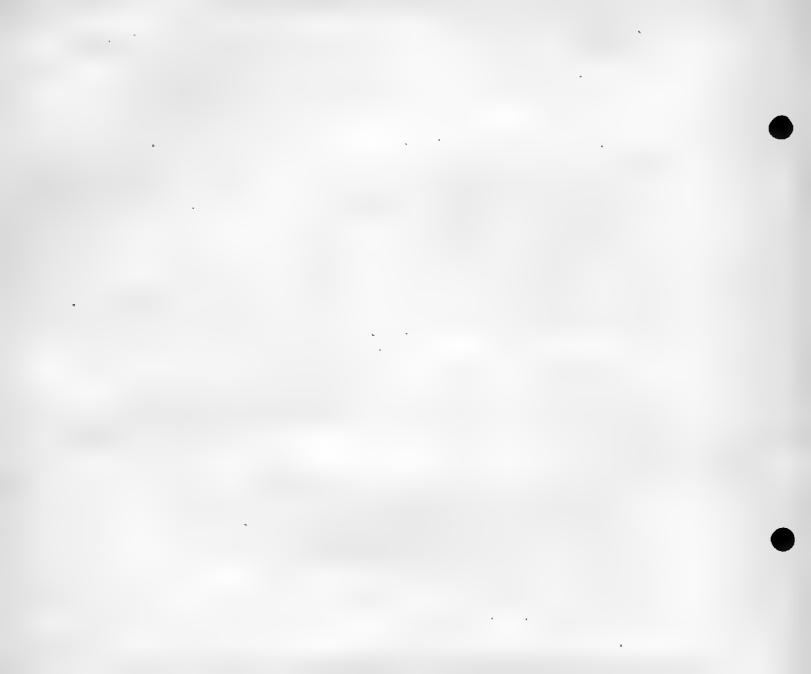
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13105 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY n. STATE **b.** COUNTY Prince George's MARYLAND Marvland Georts c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (if gutside carparate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Hyattsville Hvattsville d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Hamilton Street Hamilton Street YES NO [NAME OF Eurst Middle 4. DATE Day Year Last DECEASED JOHN 96619 (Type or pnnt) DEATH Sent 5 SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH AGE (If years 1 YFAR IF UNDER 24 HRS last pirthday) Months Doys Haurs Male White WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) COUNTRY? INDUSTRY Dept. Washington, D.C. Engineer 13. FATHER'S NAME Richard Curtin Margaret Lyons 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Hyattsville, Md. (Yes, no ar unknown) (If yes give was ar dates of service) no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS' PERFORMED? YES [NO و 20a ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detoched (City or town) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (Caunty) 20c TIME OF INJURY Month, Day, Year Not While factory, street, affice bldg , etc.) of wark 19 Co 6 to 21. I certify that (I) (this hospital) attended the deceased fram 6 Gand that death accurred ot a saw the deceased alive an M, fram causes and an the date stated above. DATE SIGNED 22a, SIGNATURE 22b ATTENDING PHYS MED. DIRECTOR M.D. director, page should be filed ADDRESS 22c. PHYSICIAN S NAME (Type) 23b. DATE THEREOF 23o. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9/15/66 Olivet Washington. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 SEP 300 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a. STATE b. COLINTY Prince George's MARYLAND oon papers. Pages I within 72 hours after b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Washington . D. C 9 days Chevenly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO S Prince George's General Hospital YES 607 Savannah St. Middle 4 DATE please remove carbon First Tost Month Year DECEASED H September Earl DeMarr 6 66 19 (Type or print DEATH 9. AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IE UNDER 24 HRS. 7 MARRIED NEVER MARRIED birthdoy) Months Days Haurs White February 7, 1897 Male WIDOWED DIVORCED 100 USUA: OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1). BIRTHPLACE (County & Stote, or foreign country) S. Govt. **COUNTRY?** the ottending physician sit permit. Then please pug USA Retired Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova DeMarr Ella George Jov 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY ND Address Wash. DC (Yes, no, or unknown) (If yes give wor or dates of service 5 Bertha M. DeMarr 607-Savannah St., SE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO GEN/ERALIZED Conditions, if ony, which gove rise to immediate cause (o), DUF TO stoting the underlying couse Page 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate hos been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use PERFORMED? NO M YES 20g. ACCIDENT WAS JNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, affice bldg., etc.) Nat While ot wark 21. I certify that (1) (this haspital), attended the deceased from AUG Y 1966 to 19(a), that (I) (we) last should 19 66, and that death accurred at 3:20 saw the deceased alive on Sex M, from lauses and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR director, poge should be filed **ADDRESS** 22c PHYSICIAN'S 4637 EASTERN NAME (Type) Samuel J. Sugar. M.D. 23o. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Washington Nat'l. Cem. Suitland. Maryland 2Sb. REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR VR A15 (4). immons Bros. -1661-Good Hope Rd SE Wash DC

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution, Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then physician carban papers forms I and PLACE OF DEATH Prince George **b.** COUNTY a. COUNTY o. STATE Pro taw requires that the death certificate be executed within 24 haurs after MARYLAND Georges within 72 haurs after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gotside carparate limits, write RURAL and give nearest town) HVatts ville negrest town) Ager Road 6314 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e is residence on a farm? West Hyattsville, Md. Madison Manor Nursing Home YES NO V 3. NAME OF Middle 4. DATE Month Doy Year DECEASED (Type or print) Sept 66 19 DEATH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED Sost birthdoy) Months female white Haurs April 17. 1880 DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during mast of warking life, even if retired) COUNTRY? INDUSTRY Virginia own home S 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Jennie Wells James Calvert 15 WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address Malcolm A Dent Hvattsville. Md. crematian, 18. CAUSE OF DEATH (Enter only one cause per Inetion) INTERVAL BETWEEN signed by the burial-transit s PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PRINCIPALS THE NAME Page 4 may be retained by the haspital ar attending as the has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ad for use of Health p NO this certificate 20o ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, office bldg., etc.) Nat While at work at work TO FUNERAL DIRECTOR: After 2]. I certify that (1) (this haspital) attended the deceased fram 10 1966 that (I) (we) last 19/4, and that death occurred at 3:33 M, from causes and on the date stated above. sow the deceased alive on 22by DATE SIGNED 22o, SIGNATURE MED. DIRECTOR director, page should be filed ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) Sept 12, 1966 Ft Lincoln Cemetery REMOVAL (Specify) Colmar Hanor Pro Geb Md 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTBAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VR A15 (4) 20 M 1/66



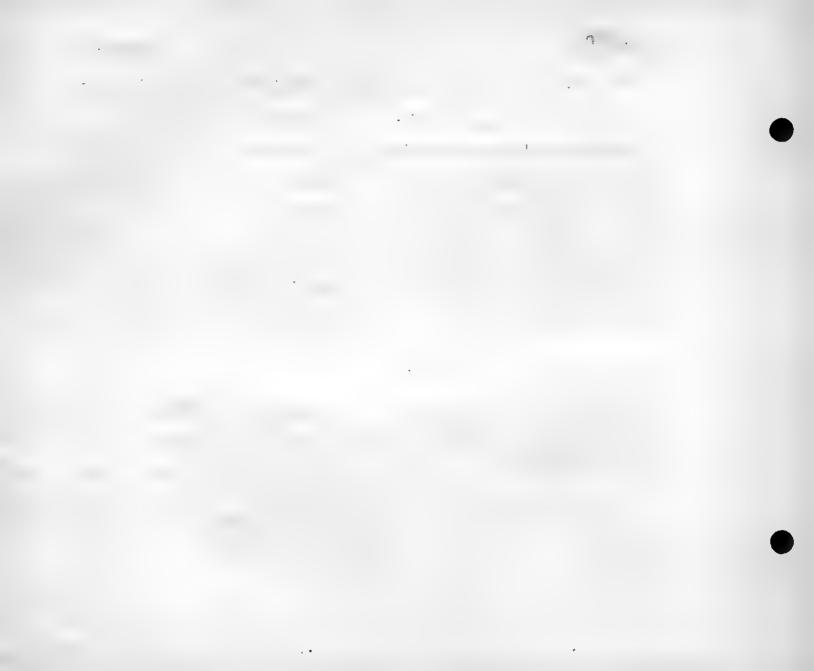
	STATE DEPARTMENT OF HEALTH D RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CER1	TIFICATE OF DEATH 12102
Prince MAYON George b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give st	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE
write RURAL and give nearest town)	MARYLAND DE STAY IN 16 1 day . Cottage City . Cottage City
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give st Eugene Leland Memorial Hospita	street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give st Eugene Leland Memorial Hospita 3. NAME OF DECEASED (Type or print) Madelle Nelli 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED N	al 4010 Parkwood Street YES ND
3. NAME OF First Middelle Nelli	ie Dimick OFATH September 12 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs. last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Rotired	
	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME Walter Hardy 15 WAS DECEASED EVER IN U.S. ADMEDIENDES 7. 1. 16. SOCIAL SECUR.	? Watson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	RITYND. 17. INFORMANT Address
no 545-40-2	
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the Cause (a), stating the Conditions of the cause (b) Conditions of the cause (a) Conditions of the cause (b) Conditions of the cause (a), stating the Conditions of the cause (b) Conditions of the cause (cause (a), stating the cause (a), stating the cause (a)	
PART I. DEATH WAS CAUSED BY: Carcinoma,	Pancreas, Generalized Metastases Tyear
ODUE TO	
Cenditions, if any, which gave rise to immediate (b).	
cause (a), stating the DUE IV underlying cause last. (c)	
	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURR Hour a.m. while at work at work	England altreat affinehilds ata
21. I certify that (I) (this hespital) attended the decea	eased from 8-11 5, 19 66 to 9-12, 19 66 that (I) burn last
saw the deceased alive on 9-12 19-6	66, and that death occurred at 61/54M, from the causes and on the date stated above
22a. SIGNATURE	M.D. ATTENDING MED. MED. STAFF Sept, 12, 1966
22c. PHYSICIAN'S W. Gibson, M. D. 23a. BURIAL CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) 9/14/66 Fort	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
/ 22c. PHYSICIAN'S NAME (Type) W. Gibson, M. D.	4300 St. Barnabas Rd., Marlow Hts.Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME	ME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMDYAL (Specify) 9/14/66 Fort	Lincoln Cem. Colmar Manor, Md.
24. FUNERAL DIRECTOR Nalley's	RESAT. Rainier 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Funeral Home Inc. Mary	yland late SEP 15 1966 Charles Judge



4000	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATEM	### MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13102
HEALTH DEPL	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution Residence before admission) a STATE b COUNTY
fay 13 1 Pog ent c	Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If autside carparate limits, c. CLENGTH OF STAY IN-1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
PM3 PM3 Feer definer definer de	Cheverly DOA Glenarden
L, 2 I, 2 Im Depu	d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM?
_ 2 t t c	Prince George General Hospital 1507 7th, Street YES NO 3. NAME OF First Middle Lost 4 DATE Manth Day Year
r dea ve Pa g wilt the Si n 72	3. NAME OF First Middle Lost 4 DATE Month Day Year OF
hours after death I tem 18. Give Pages Office along with far lond2 with the State event with n 72 hou	S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 14 HES lost birthdoy) Months Doys Hours Min.
haurs after tem 18. Gr Office along ond 2 with	Female Negro WIDOWED 2 DIVORCED 23 Feb. 1908 58 vis
	Od USUAL OCCUPAT ON (Give kind of work done during most of working fife, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Domestic Private Home 6/manden Md U.S. H.
d within in perick in peri	JAMES A. Henson Kntie Brown
al Fil	1S WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
executed nding" ii Medical permit imaval,	No France Henson 4926 Whit field Chopel Kit
s certificate should be executed within e, writing the ward "pending" in perice, farwarded to the Chief Medical Exercise used as a burial-transit permit file page burial-transit permit file page burial, ar remaval, and n	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Heart failure INTITUTES
should be e te ward "per a the Chief I burial-transit mation, ar re	DUE TO Arteriosclerotic heart disease unknown
ate should 3 the ward 1d to the C a burial-fr	Conditions, if any, which gave (b)
g th ed to cren	stating the underlying cause DUE 10
certificate should , writing the ward arwarded ta the Ch used as a burial-tra bur al, cremation,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH SHIT NOT BE ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II.)
is ce farv farv o bu	PERFORMED? YES NO TO THE PERFORMENT OF THE PERF
lED-CALLEAURED This assector. Page 4 should be farmed for your files. RECTOR: Page 3 should be well be a designated agent, priar to be	YES NO DE NO DE NO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18) CAUSE OF DEATH.
MEDICAL LEARINEED please execute the cert director. Page 4 should retained for your files. DIRECTOR: Page 3 should standard ogent, processing the standard	20c T ME OF INJURY Month, Day, Year Hour o.m. p.m. 20d INJJRY OCCURRED While Not While at work at work.
L FIA ecute Page or you R: Pag	21. I certify that I taak charge of the remains pescribed above, held an Autopsy
e extrar.	death resulted from Natural causes Accident , Suicide , Hamicide , Undetermined manner
2 0 de 0 ∞	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
CESSORY, e funeral may be a funeRAL olth ar r	EXAMINER'S DEPUTY MEDICAL EXAMINER IX
necessary, processary, process	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 9-16-66 230 BUR AL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tayin) (County) (State)
■ 5 4 5 5 #	REMOVAL (Specify) / 9-19-66 Mf. Olivet Cem. Washington DC.
VR A15ME (5)	4.5 WAS Shingford Sons 2/925 Domne Due NE SFP 20 1966 2010 10
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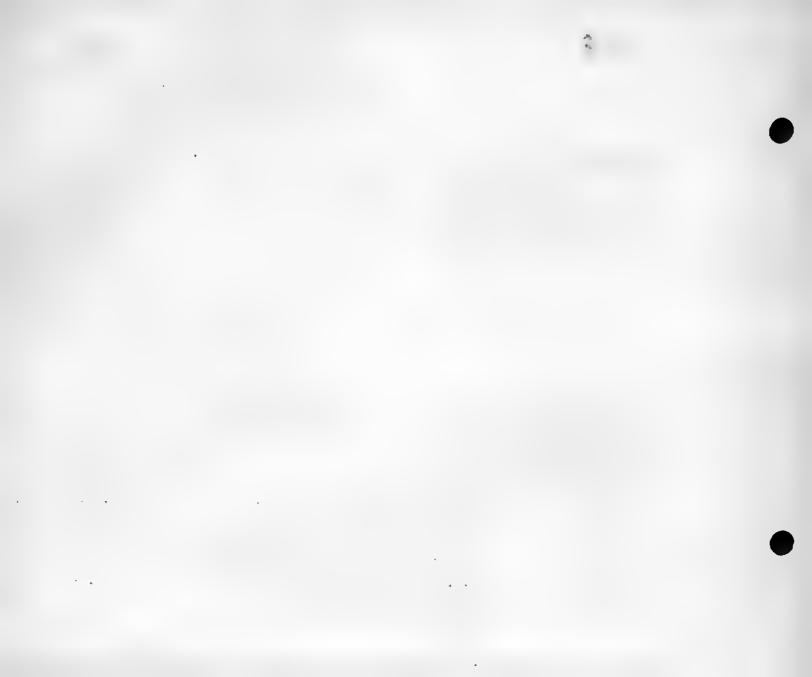
	ttem 18 Film 383 12/1/66 MARYLAND STA	ATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECOR	RDS, 301 W. PRESTON STREET, BALTIN	IORE, MARYLAND 21201
	13110 Item #8 CERTIF	ICATE OF DEATH	13104
funeral funeral	PLACE OF DEATH O. COUNTY O. COUNTY	g STATE	d lived, if institution Residence before admission) b. COUNTY
nours after to by the fur. S. Pages hours after	Prince George's MARY b CITY OR TOWN (If outside carparate I mits, write RURAL and give nearest town) c LENGTH OF STAY I	VLAND Maryland IN 3b c CITY OR TOWN (If outside corporate	Prince George's limits, write RURAL and give nearest town)
by the f Pages ours afte	write RURAL and give neorest town) Cheverly 8 hrs.	Bowie	
4 ho	d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
hin 24 ho filled in 1 papers.	Prince George's General Hospital	Box 348	YES NO
with with ban with	3 NAME OF Firs† Middle	Last 4. DATE OF	Month Day Year
kecuted withing completely for the carban by event, with	(Type or print) Carroll T S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	Dorsey DEATH D	September 16 19 66 AGE (In years
corr hove	male Negro WIDOWED DIVORCED		S6 yrs Manths Days Hours Min
9 3 5	10g TISTIAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or fore	
and see and se	during most of working life, even fretped) X-ray Technician Glen Dale	Maryland	USA
pysicj	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
r cer The The	John Dorsey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mary Quander	Address
The law requires that the deoth certificate be executed within 24 hours after ottending physician. has been signed by the attending playsician completely filled in by the fuse os the buriol-transit plannit. Then player benove carban papers. Pages harior to buriol, cremation, or removal, and in any event, within 72 hours after	(Yes, no, ar unknawn) (If yes give war ar dates of service)	17 INJURNATI	Mudi 633
t the the a sit pm nation	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	17/1000	INTERVAL BETWEEN ONSET AND DEARTH
equires that th physician. signed by the buriol-transit i buriol, cremati	IMMEDIATE CAUSE (a) DUE TO	1 Vascy lax 1	tececen / /
rres ysici ned riol-1 rol,	Conditions, if any, which gave) (b)	en Sim	
requestion of the sign of the	nse to immediate couse (o), stating the underlying cause DUE TO		
e low re tending ss been os the prior to	last (c)		
AN: The law re ol or ottending trate has bee≡ for use as the Health prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		PERFORMED?
IAN: 1 ol or ficate for us Healt	Pulmonary tuberculosis, Inact 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF	CCURRED (Enter nature of injury in Port I or Port	YES NO
PHYSICIAN: e hospitol or his certificole itoched for u			•
ల∉ కైశ్జ	20c TIME OF INJURY Month, Day, Year While Nor While at wark	20e PLACE OF INJURY (Hame, farm, factary, street, affice bldg., etc.)	(City or town) (County) (State)
ATTENDING storned by th CTOR: After ti should be de	21 certify that (I) (this haspital) attended the deceased	fram	7/16 , 1965, that (I) (we) las
ATTENI retoined retoined ICTOR: A 3 should with the		and that death accurred at 8:15 M	fram causes and an the date stated above
OR A) De retro DE (S) D	22g-SIGNATURE 7	M.D. ATTENDING AFD AMED AMED DIRECTOR D	STAFF 22b DATE SIGNED
PITAL OR moy be moy be kar bis filed	22c PHYSICIAN'S	22d ADDRESS	
mo' mo' r', pe	NAME (Type)	V	
O HOSPITAL Poge 4 moy O FUMERAL director, pog should be fil	DESCRIPTION OF STATE		ATION (City or Town) (Caunty) (State)
55 5 g # 8	Burian 9/19/66 Harmony	Memorial Park Ma	ryland R (25b registrar's signature
VR A15 (4)	24 FUNERAL DIRECTOR COLLEGE HOME - 4001 Benn	ing Rd. NEESFP 2	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 havrs after death pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) LAWARE a. COUNTY b COUNTY PRINCE GEORGE'S papers. Pages 1 in 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
DREWS AIR FOR FORCE DOVER **ANDREWS** BASE DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? .⊆ d. STREET ADDRESS USAF HOSPITAL ANDREWS KINGS CLIFFE YES NO X In any event, within 3. NAME OF Middle 4. DATE carban Firs# Lost Month Doy Year DECEASED CHESTER DUNCAN DEATH SEPTEMBER 27 19 66 (Type or print) CLARANCE AGE (In years IF JNDER 1 YEAR LE UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED X **NEVER MARRIED** remove last b rthdoy) Months Days Hours CAUCASIAN WIDOWED DIVORCED APR 1928 38 MALE Yrs. Du 10o USUAL OCCUPAT ON (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY burial-transit permit. Then please burial, crematian, ar removal, and CHATTANOOGA.TENN. FORCE AIRMAN 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME BESSIE EVELYN RYDER JOHN HOWARD DUNCAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. YES (If yes give war ar dates of service) -07/2 MRS CC DUNCAN-WIFE-SAME AS #2 ABOVE INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY 2 2NSET DANS PRISTH LIVER FAILURE IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. signed b DUE TO OVER Canditians, if any, which gave YR CTRRHOSTS rise to immediate couse (a). DUE TO stoting the underlying couse ALCOHOLISM OVER last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While ot work at work certify that N) (this haspital) attended the deceased fram 9 19.66, to 2.7 SEP . 19.6.6, that 🕅 (we) last SEP director, page 3 shauld shauld be filed with the 19 66, and that death accurred at 2:50M, from causes and an the date stated above. DIRECTOR: the deceased alive on. SEP 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYSICIAN'S TO FUNERAL HAME (Type) 20331 DAJE THEREO BURIAL CREMATION LOCATION (City or Town) (County) (State) EMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) S Meliane 20 M 1/66 57 Set DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Prince George 0 o. STATE Page 70 deoth. Prince George MARYLAND delay 3 Deportment b. C.IY OR TOWN (If autside corporate I mits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If acts de carparate limits, write RURAL and give nearest tawn) , 2, o₁. write RURAL and give nearest tawn) haurs ofter DOA Ardmore Cheverly d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e S RESIDENC Office along with farm ON A FARM? Give Pages ote Prince George General Hospital 8510 Ardmore Rd. YES NO 3 hours ofter death 3 NAME OF Lost 4. DATE Manth Year DECEASED OF _ (Type or print) Dother DEATH 16 19 Judson Duncan w.th S SEX 6 COLDR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthdoy) Months Doys Hours WIDOWED DIVORCED June 19 1900 event and 100 ... SUAL DCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Exominer's Ξ pemon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME w †h ≀ .⊆ 15 WAS DECEASED EYER NUS ARMED FORCES?
(Yes, no, or unknown) ((if yes give wor or dotes of service) 16 SOCIAL SECURITY ND 17 INFORMANT Address be executed Chief Medical "pending" permit removol 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 Cardiac tampanade IMMEDIATE CAUSE (o)_ word This certificate should crematian, DHE TO Conditions, if ony, which gove rise to immediate couse (a) DOE TO stoting the underlying couse 0 0.5 bur'al, Minutes Stab wound of WAS AUTOPSY PERFORMED? PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificote, YES 😓 NO 0 20b. DESCRIBE HDW INJURY DCCURRED (Enter nature of injury in Part I or Part I of item 18) 20a EXTERNAL CAUSE WAS J.D should PRIMARY CX or CONTRIBUT NG should ā Stabbed by assailant CALISE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c T ME OF INJURY Month, Dov. Year (County) (State) factory street, office pldg etc) Eastern Ave. While Not While While of work of work and Roosevelt Rd. P.G. Md. 19 66 5 may be retained for you TO FUNERAL DIRECTOR: Pog Health or its designated a 21. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection K Inquiry A. and in my opinion death resulted from: Natural causes /Suicide . Homicide 🔀 Accident | Undetermined manner the funeral director HIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 9-17-66 choe, **EXAMINER'S** John / Riverdale Address (Street, city, town, or county) NAME (Type) 230 BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Charles 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #15 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY nce George's brince George's "Marvland MARYLAND c. CITY DR TDWN (If outside carporate limits, write RURAL and give nearest town) b CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly c. LENGTH DE STAY IN 16 Brentwood, Post Office 1 mo. 11 days d. STREET ADDRESS IS RESIDENCE DN Å FARM? d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4202 Lawrence Street Prince George's General Hospital YES NO X 4 DATE 3 NAME OF First Middle Lost Month Doy Year Dunn DECEASED (Type or print) Daniel September 19 66 8 DEATH IF UNDER 24 HRS 9. AGE (in years F UNDER 1 YEAR DATE OF BIRTH S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Hours 10/20/93 White WIDOWED DIVORCED Male 10o USWA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT FOR KIND OF BUSINESS OR U COUNTRY? A Pa INDURRY R Va. Thurs gost of Marking his Bas frefired) 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remava Dunn Minnie Allison John 16. SOCIAL SECURITY NO 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (if yes give wange gates of service) Same as # 2 (Wife) 718 14 9357 Julia L. Dunn burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) DNSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY: signed by t IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse attemding | TO FUNERAL DIRECTOR: After this certificate has been as the priar ta WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO X ğ 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased from 29, 1965, to 3, 1966 that (I) (we) last saw the deceased alive an 1966, and that death occurred at 15A M, fram causes and on the date stated above be retained by 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 3 22c PHYSICIAN'S NAME (Type) Don B. Cameron, M.D. 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Burial (Specify) 9/10/66 Union Cemetery Leesburg 25b. REGISTRAR'S SIGNATURE Hyattsville, 25o. REC'D BY REGISTRAR FUNERAL DIRECTOR Gasch's Sons VR A15 (4) 20 M 1/66 jwb



THE REAL PROPERTY.	1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
	24 hours after death. Filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE D. COUNTY Prince County Prince
•		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) The control of the corporate limits, write RURAL and give nearest town) Appendix of the corporate limits, write RURAL and give nearest town) Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Hyattsville d. STREET ADDRESS ON A FARM? 1804 Longford Drive YES NO E
	completely carbon even with	3. NAME OF DECEASED (Type or print) 5. SEX CALLE OF MINIOR OF MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Day Hours Min
	nte be exec	Tanacks White WIDDWED DIVORCED 7/1/899 67 yrs. WIDDWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. operator Communications Hagers town 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME
	ath certifica attending ph mit. Then i, or remova	Edward R Graylor Lillon V. CHANCER ERUBER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 1804 108 835 ford Drive 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 1804 108 835 ford Drive
	hat the decian. ed by the atrans.t per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK & LACK OF ADRENAL RESPONSE ONE WEEK
	The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely ruse as the burial-trans.t permit. Then please rempte carbon lealth prior to burial, cremation, or removal, and in any event with	Cenditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) CARCINOAGA OF BREDST WITH METASUSES FEB. 1961 PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTIE.) 19. WAS AUTOPSY
	ICIAN: The ospital or a certificate the for use the for use ot the other for use other for use of the other for us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PORT OF PART II OF Item 18.) 20a, ACCIDENT WAS UNDERLYING COURSED. (Enter nature of injury in Part I or Part II of Item 18.) COURSED. (Enter nature of injury in Part I or Part II of Item 18.)
	JING PHYS d by the h After this i be detact	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m., p.m. 19 at work at work 21 1 certify that (I) (this becaute) attended the decessed from 25 PT. 1965 to 25 EPT. 1965 that (I) (we) last
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-trans.t permit. Then please remained by the State Dept. of Health prior to burial, cremation, or removal, and in any	saw the deceased alive on 20 SEPT. 1966, and that death occurred at 22MM, from the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF PHYS. DIRECTOR PHYS. 1266 22c. PHYSICIAN'S 22d. ADDRESS C. (4
	TO HOSP Page 4 TO FUNE director should	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sep. 28, 1966 Mt. Comfort Cemetery Alexandria, Virginia (State)
	VR AIS (4) 20M 1/65	24. FUNERAL DIRECTOR C. Glen Carter Cillen Carts 8434 Georgia Ave 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Varner & Pumphrey, Inc. Silver Spring, Middate SEP 28 1936 Minus Judge.



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 50 £	CERTIFICATE OF DEATH
r death. funeral and 2 er death.	1. PLACE OF DEATH a. CDUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTX Maryland Fr. Coo.
after y the f gges 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
24 hours filled in by apers. Pa n 72 hours	Cheverly 2 hrs. Palmer Park
thought the	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
h parity	Prince Geo. Gen. Hospital 8335 - Greenleaf Rd. YES NO 3
e death certificate be executed within 24 hours after the attending physician and completely filled in by the it permit. Then, please remove carbon papers. Pages 1 nation, or removal, end in any event, within 72 hours after	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) BLANCHE DY E DEATH 9 22 1966
com	5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
xect and emo	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOLLSOW 16 Tonnossoo 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? Tonnossoo U.S.A.
te (See F	Housewife - Tennessee U.S.A.
ifica oval	13. FATHER'S NAME Togen C. Cox 14. MOTHER'S MAIDEN NAME Juliot Taylor
idin din	Logan C. Cox Juliet Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
affer	(Yes, no, or unknown) (If yes give war or dates of service) 225-24-2391 Mr. Paul E. Dyo (above address)
de de pe	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).1. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
the by t	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Condiac analythma ONSET AND DEATH
that iiclai ned ii. ci	4/ X DUE TO
phys sign	Conditions, If any, which) (h) Charles (h)
ing ing ling seen the t	gave rise to Immediate cause (a), stating the DUE TD
w r tend as t as t orior	underlying cause last.) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
N: The la tal or ati ifficate h for use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ialo firal for a	YES NO 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.)
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. It is certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please the Derial compation, or removal, and it is Dept. of Health prior to burial, cremation, or removal, and	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
the this teta	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour a.m. While at work at work at work at work
	21. 1 certify that (I) (this hospital) attended the deceased from 120, 19 Cocto 22, 19 66 that (I) (we) last
cro sho	saw the deceased alive on 2219 66, and that death occurred at M, from the causes and on the date stated above.
Ped Se	M.D. ATTENDING MED. STAFF 9-22-66
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	220. PHYSICIAN'S NAME (Type) DON B. CAMERON 3503 PERRY ST, MTRAINIER
de 4 Fectorial	
Page 10 Page 1	REMOVAL (Specify)
•	24. FUNERAL DIRECTOR AT ADDRESS H. T. COX 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Funeral Home Inc. Mt.Rainier, Md. DATE SEP 26 1966 October 1
20M 1/65	· · · · · · · · · · · · · · · · · · ·



Signed permit for removal no Charge

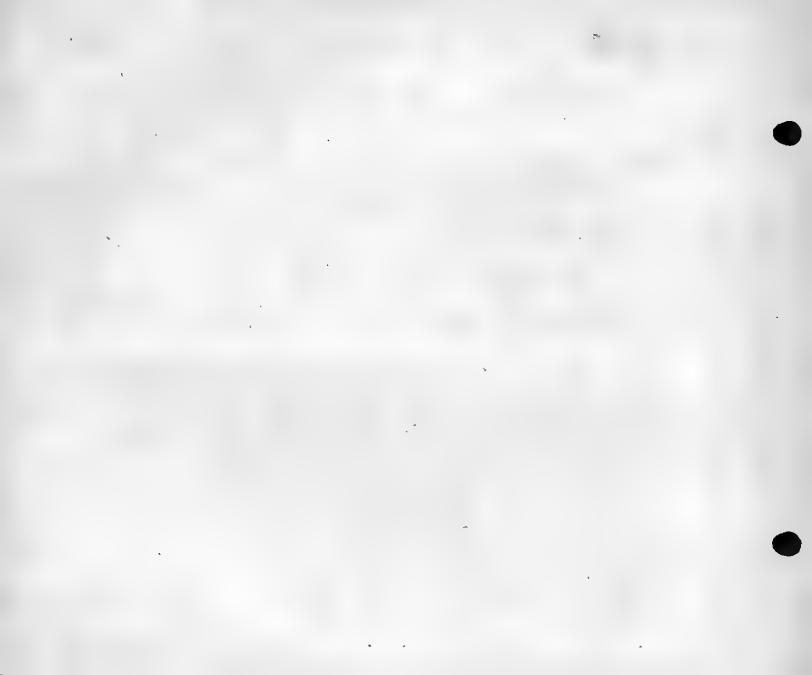
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and attending physician and completely filled in by the funeral nemit. Then please remove arbon papers Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE Maryland b COUNTY Prince George's o. COUNTY Prince George's MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Camp Springs l day Cheverly papers hin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC d STREET ADDRESS Berkshire ON A FARM? Prince George's General Hospital 6005 Ensking Drive YES NO F 3 NAME OF Erst Middle Last 4 DATE Month Year Day DECEASED September Nellie G. **Fellows** 17 19 66 (Type or print) DEATH IE UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH 12/18/93 AGE (In years NEVER MARRIED last birthday Manths Days Haurs White WIDOWED DIVORCED Female 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) Ξ COUNTRY? during most of working life, even if retired) INDUSTRY and New York USA 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME remaya William O'Driscoll ? WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates at service) Б Mrs. Norbert A. Lasher 6005 Berkshire Dr. crematian, NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) the signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 4NTENIOSCLEMOSIS Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe **Health** YES ZI--HO-F by the haspital ar j 20g, ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CLICAUSE OF DEATH ð detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or lawn) (County) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, affice bldg, etc.) of work at wark 2). I certify that (I) (this haspital) attended the deceased fram. 19 (2) (that (1) (we) last be retained 1966, and that death accurred at 10:45%, fram causes and an the date stated above saw the deceased alive on Sept. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22r. PHYSICIAN'S Page 4 may NAME (Type) 3503 ě directar, shauld b 230 BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (County) (State) REMOVAL (Specify) Sept. 19, 1966 Syracuse New York **ADDRESS** 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral Home 4308 Suitland Rd., Suitland Md VR A15 (4) 20 M 1/66

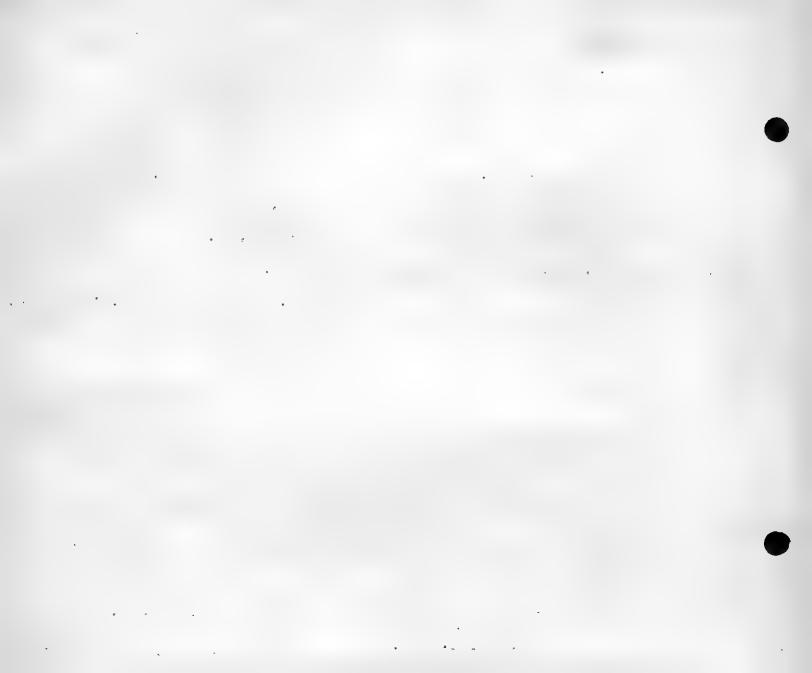


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH EV. and 2 death law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) and completely filled in by the funeral remaye carbon papers. Pages 1 and PLACE OF DEATH o. STAT Maryland a. COUNTY b. COUNTY Prince Georges C CITY OR TOWN (If outside corporate limits, write RURAL and give neares flown) MARYLAND b. CFTY OR TOWN (If aurside carporate limits, write RURAL and give nearest town)
RIVerdale c LENGTH OF STAY IN 16 remave carbon papers. Pag n any event, within 72 hours 4 days Riverdale d. STREET ADDRESS S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Eugene Leland Memorial Hospital 4000 Queensbury Road YES NO IX 3 NAME OF Middle 4 DATE Month Lost Day Year DECEASED F. Albert Felter 20 19 66 September DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years **NEVER MARRIED** lost birthdoy)
78 yrs. Months 11-16-87 Doys Hauss male white WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician a Telephone Co. COUNTRY? during most of warking life, even if retired)
Retired Indiana U.S. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Benton Felter Lula Cotner 16 SOCIAL SECURITY NO. 17. INFORMANT Address 9 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor or dotes af service) 212 Hospital Record/Patient & Son 0 10 0577 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line far (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial. Canditions, if any, which gave rise ta immediate cause (a), DUE TO stoling the underlying cause 10 HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-₹ELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(a) use NO fa 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Nat While at work ld be 21. I certify that (I) (this haspital) attended the deceased fram 4-16 19 (that (I) (we) last 19 L. C. ta. 19 17 4; and that death accurred at 11 4 M, fram causes and an the date stated above saw the deceased alive an 27b DATE SIGNED 9-20-66 22o. SIGNATURE ATTENDING DIRECTOR director, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) D. R. Purdie, M. D., Lich Queensbury Rd., Riverdale, Md. 230 NAME OF CEMETERY OR EREMANORIC 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF (County) (State) BULLI 31 Salem Methodist Church Cedar Grove Md 1966 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D 8Y REGISTRAR Sons VR A15 (4) Gasch's Hyattsville, Md. 20 M 1/66

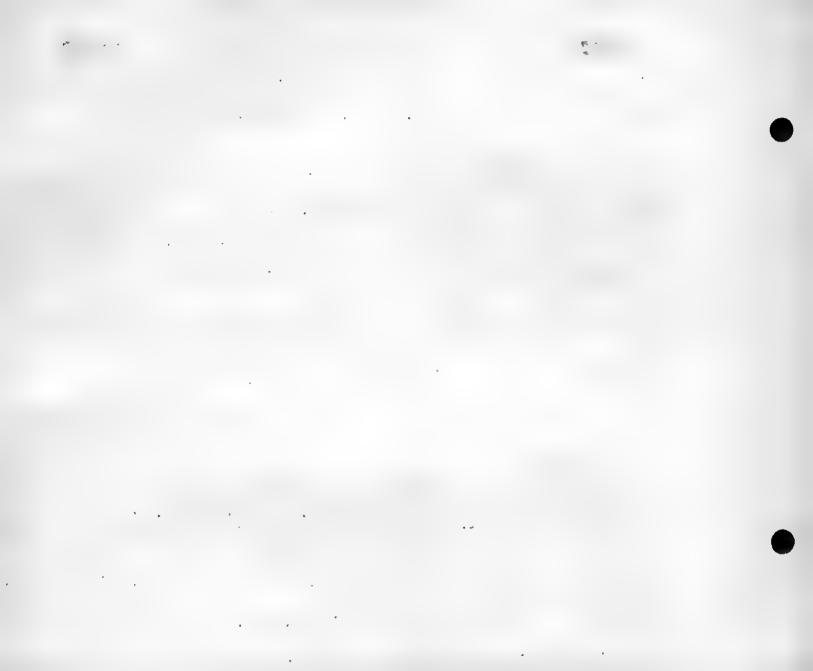


1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13119 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13113
HEALTH DEPT:	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	# COUNTY B. COUNTY D. COUN
eral be be ath	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
cess fun may may r de	Addr. 10 (DOA)
Dep affe	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page urs	Coloren valor & mumoral for \$1981 agletacitics ves No. 81,
ny delay is necessary, 2, and 3 to the funeral M3. Page 5 may be the State Department 72 hours after death	3. NAME OF First Middle Last A. DATE Month Day Year DECEASED OF
PM PM	(Type or print) / AA. Y AAU. WAXOUSCA DEATH JULY 30 1966
ith. 11 au liges 1, 2 form P 2 with within	ast birthday) Months Days Hours Min.
Page the first value of the firs	DIVORCED DIVORCED yrs. 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
ive Pagistive Pa	during most of working life, even if retired) INDUSTRY
long saft	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
nu 18. ma 18. se alo	JAK: I torough martin Rountele
24 ho I ftem Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po, or unknown) (Hyes give war or dates of service)
within 2 pencil in miner's 0 permit. 1 removal,	iffin J. Fergussi Rivedule . I 4
with permission of the permiss	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART 1 DEATH WAS CAUSED BY.
Lin Exam	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MELLIMENCE / Line
LAL EXAMINER: This certificate should be executed within 24 hours after death. If any delete the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. In files. ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the St designated agent, prior to burial, cremation, or removal, and in any event within 72 ho	41/1X DUE TO 1 21 21 2 21 21 2 2 1
be e pen Medi Medi urial ema	gave rise to Immediate (b) Control (c)
a bi	cause (a), stating the DUE TO underlying cause last.
would as uria	(V)
ficate sho the worn to the Chi used as	E an mar Celliza
R: This certificate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH.
is control write arde ould t, pi	
R: Thirte, forw	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 2Df. (City or town) (County) (State) 2Dg. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 2Dg. (City or town) (County) 2Dg. (City or town) (County) (County) (County) 2Dg. (City or town) (County) (County) (County) 2Dg. (City or town) (County)
INER Iffica be ed a	
cerd cerd sis P.S.	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
the ce shoul files.	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner , Chief Medical Examiner 31 (Cunno folias la
MEDICA tecute the Page 4 for your L DIRECT or its of the Contraction o	ACTUAL CONTROL OF ACTUAL STAMMINER DATE SIGNED
TY MEDIC execute r. Page 4 d for you RAL DIRE	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
tor, tor, med	EXAMINER'S NAME (Type) 1 A Y TON (
O DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files. O FUNERAL DIRECTOR: Page of Health or its designated	23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORYX BURIAL (Specify) Oct 3, 1966 Arlington National Arlington Virginia
01	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME	F. Gasch's Sons Hyattsville, Md. DATE OCT 4 1866 Icharles Judge
3500 4-64	DATE AND A STATE OF THE STATE O





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death fian and campletely filled in by the fungral lease remave carban papers. Pages Yand and in any event, within 72 hau<u>ssatis</u> desi PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) Prince George's Prince George's Mary land ΜΔΡΥΙ ΔΝΏ c CITY OR TOWN (If outside carparate simits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 Cheverly 2 hr. 11 min. Cheltonham d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO [3. NAME OF Middle First 4 DATE Last Manth Dov Year DECEASED (Type or print) Baby Boy Ford September 29 19 66 DEATH S. SEX 9. AGE (In years IF JNDER I YEAR 1 IF JNDFR 24 HRS 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7 MARRIED lost birthdoy) Sept. 29, 1966 Male Negro WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY N/A Prince George's, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Irving Howard Robinson Leatrice Roberta Ford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give wor or dates of service N/A Mother as above IB. CAUSE OF DEATH (Enter only one couse per line for (o) 4b), and (o) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burnal-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? detached far use te Dept. of Health YES TH NO [200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) factory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased fram Sept. 29, 19 66, to Sept. 29, 19 66 that (1) (we) last saw the deceased alive an Sept. 29, 19 66, and that death accurred at 1:00PM, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 9/29/66 M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 6201 Riverdale Rd., Riverdale, Md. NAME (Type) Bernardo Alvarado, M.D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Cremation 10/2/66 Prince George's Gen. Hosp Cheverly. 1966 REGISTRAR'S SIGNATURED Marylan 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Administrator Cheverly Md 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death funeral s I and deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY rince Georges o. COUNTY Prince Georges Maryland MARYLAND ve corbon papers. Pages I event, within 72 hours after filled in by the fun papers. Pages B CITY OR TOWN HITSESTIL GROWERS C LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
Cheverly Seat Pleasant 2 days e IS RESIDENCE ON A FARM d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d. STREET ADDRESS Rollins Ave. S.E. Prince Georges General Hospital 63546988 YES NO Middle 4. DATE Manth 3. NAME OF First Lost Year remove corbon and completely DECEASED (Type or print) 66 Thomas Gantt **DEATH** Sept. IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours and in any WIDOWED DIVORCED 19 Feb., 1878 88 Nale Negro 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR physician a during most of working life, even if retired) Maryland INDUSTRY COLUMN TA None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henrietta (unknown) Ralph Gantt Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor ar dates of service) 17, INFORMANT 16. SOCIAL SECURITY NO. 6 James Gantt-Son-4961 Call cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) physician. DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse be retained by the haspital or ottending the this certificate has been last. So WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e, PLACE OF INJURY (Home, farm (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Nat While at work at wark O FUNERAL DIRECTOR: After 19____, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from 19 ., to.. and that death occurred at AM M, from causes and on the date stated above. sow the deceased olive on. 22b. DATE SIGNED 22a SIGNATURE ATTENDING DIRECTOR PHYS. PHYS 22c PHYSICIAN'S NAME (Pype) James W. Harding 22d. ADDRESS director, should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify) /8/66 Lincoln Memorial Ceme Maryland 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR S VR A15 (4) 1966 20 M 1/66



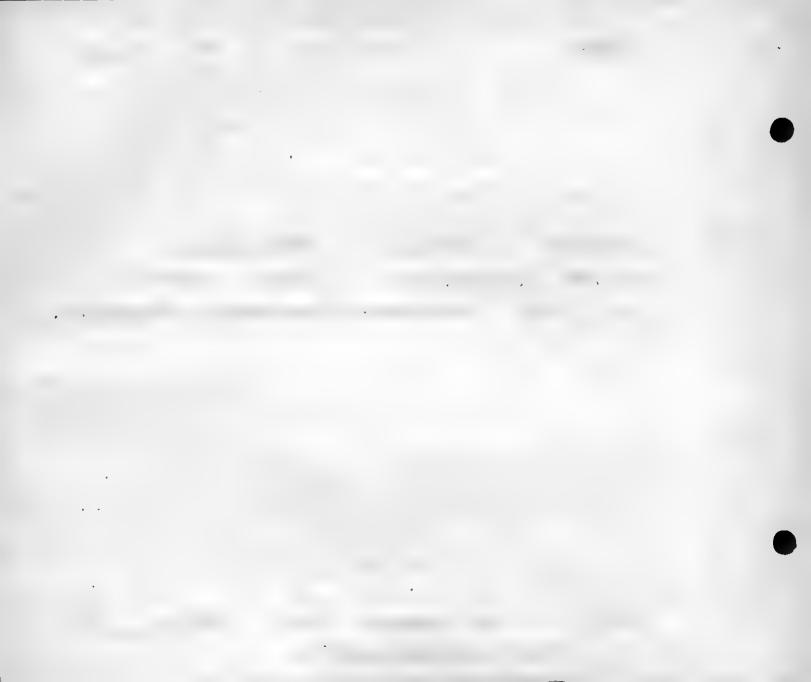
FON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) He29 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES NO 3. NAME OF Month DECEASED OF (Type or print) JF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR) 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME death 16. SOCIAL SECURITY NO. | 17. INFORMANT U.S. ARMED FORCES? (Yes, no, or unkown) [(Ifyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for te), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which " (b) gave rise to immediate cause DUE TO [8], staling the underlying cause last. PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIOT 19. WAS AUTOPSY CERTIFICATION 20a ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part il of Jem 18.) OF CONTRIBUTING ("I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF NIJURY (Home, ferm, 1 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) While Not While at work at work p.m. 21. | certify that (1) (this hospital) attended the deceased from..... , and that death occured at 5.19M from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e SIGNATURE 5 GNED ATTENDING PHYS. DIRECTOR PHYS. MD 22c. PHYSICIAN'S 22d. ADDRESS HOSPIT NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (State) REMOVAL (Specify) 0 Bayside Burial Cemetery New Hampshire Laconia. VR A15 (4) ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 1SM 7161 .661-Good Hope Rd., SE Wash DC DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH the funeral jes 1 and 2 after teath, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b, COUNTY after District of Columbia Prince George **MARYLANO** b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page Page hours Hyattsville days .⊆ Washington papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 3219 - 7th Street, N.E. Sacred Heart Home. 5805 Queens Dh. No 🔀 within completely carbon NAME OF Last DATE DECEASED event. (Type or print) DEATH September 19 66 Helene Germaine Goettelmann 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Qays | Hours | Min. OATE OF BIRTH ALIA and Female White WIDOWED X May 10, 1884 OIVORCEO [= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Secretarial West French Africa United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie Schelber remova Charles Schirr 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attend Address ö (Yes, no, or unknwn) I (If yes give war or dates of service) transit perm cremation, no Sacred Hvattsville, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN **DNSET AND OEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial. **OUE TO** buri Conditions, If any, which peen gave rise to immediate また **DUE TO** cause (a), stating the prior underlying cause last. (c) NO. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICATI NO T YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While p,m, at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF M.O. E 22d. ADDRESS TO FUNERAL **PHYSICIAN'S** director, p NAME (Type) P. Ingel 1222 St. 4 Monroe N Page BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Buria] Washington FUNERAL OIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased wed, if institution Residence before admission) o. COUNTY o. STATE 6 COUNTY Page af, death Prince George Prince George MARYLAND b CITY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) PM3. write RURAL and give negrest town) hours after Cheverly DOA Brandywine d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? ate Prince George General Hospital Rt. 3. Box 21 YES TENO haurs after death 3 NAME OF DATE DECEASED Leslie Howard Goldsmith (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Office WIDOWED DIVORCED 24 Sept. 10a USLAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of warking the even if retired) In any Examiner pencil 13 FATHER S NAME pup WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) remayol, CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH s a burial-transit crematian, or r Asphyxia IMMEDIATE CAUSE (o) certificate should e, writing the ward forwarded ta the C DUE TO Conditions, if ony, which gove Hanging Minutes rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(a) 19 WAS AUTOPS)
PERFORMED? please execute the certificate. NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 3 shauld PRIMARY Sor CONTRIBUTING CAUSE OF DEATH Hung self from tree in wooded area near home 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or fown) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page at work Brandywine 9-2-66pm Wooded area 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection , Inquiry x and in my opinion the funeral directar. Suicide x deoth resulted from-Noturol couses Accident 7 Homicide 1 Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED **SIGNATURE** 5 may be FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D., Address (Street, city, town, or county): NAME (Type) 230 BURIAL, CREMATIC 250 REC'D BY REGISTRAR 25b REGISTRAR'S 5 GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH and campletely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ve carban papers. Pages I an event, within 72 haurs after de Prince George's a. STATE b. COUNTY MARYLAND Maryland Prince George's b CTY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RuRAl and give nearest town) Cheverly 1 day Bowie d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's General Hospital 12417 Stafford Lane YES NO NAME OF Middle 4 DATE Month Doy Yeor DECEASED (Type or pnot) William Goodwin SR Vernon September 30 1066 DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (n years IF UNDER 24 HRS. 7 MARRIED IF JNDER 1 YEAR NEVER MARRIED rthday) Months Haurs Davs Male White 7/6/97 K WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, at foreign country) 12. CITIZEN OF WHAT during most of working life, even interired)
Retired Commission INDUSTRY COUNTRY? Market Merchant Washington DC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remewa William Goodwin Catherine Merriman IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war ar dotes of service 16 SOCIAL SECURITY NO 17. INFORMANT Address Wash DC 20022 permit. 578-07-1033 Wm. Vernon Goodwin Jr 224-Inverness Lane SE crematian, 18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). **DUE TO** stating the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 1 last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOW RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? YESXX NO TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) Not While of wark ot work 21. I certify that (I) (this haspital) attended the deceased fram Sept. 29 1966 to Sept. 30 1966, that (I) (we) last saw the deceased alive an Sept. 30 19 66, and that death accurred at 12:40M, from causes and an the date stated above. All 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN SUPERIOR BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 230 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Oeder Hill Cemetery | 180. RECT BY REGISTRAR Suitland, Maryland 2Sb. REGISTRAR'S SIGNATURE immons Bros. 1661-Good Hope Rd SE Wash DC DATE

X

Dec. 27, 1907 58

House wife

John B. Newman

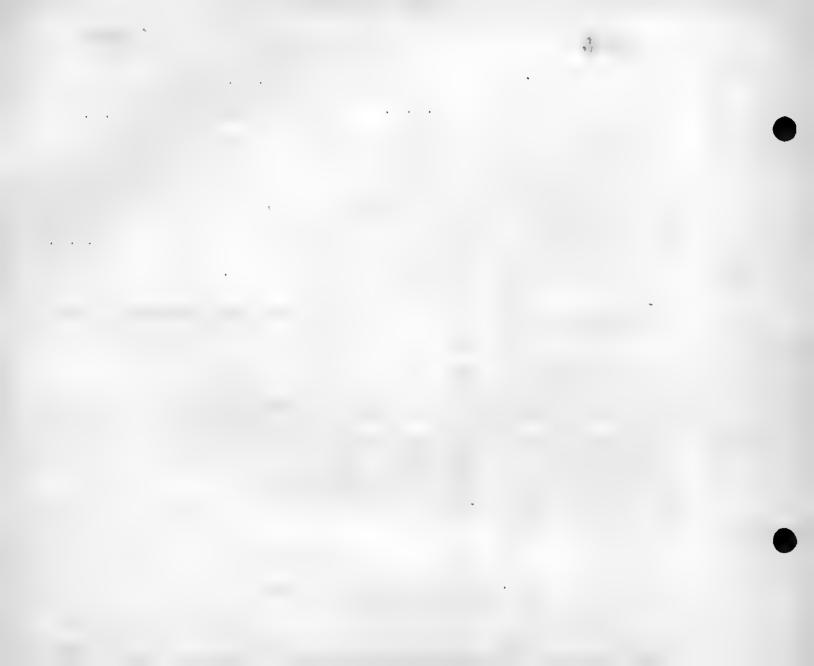
Charles County, Md.

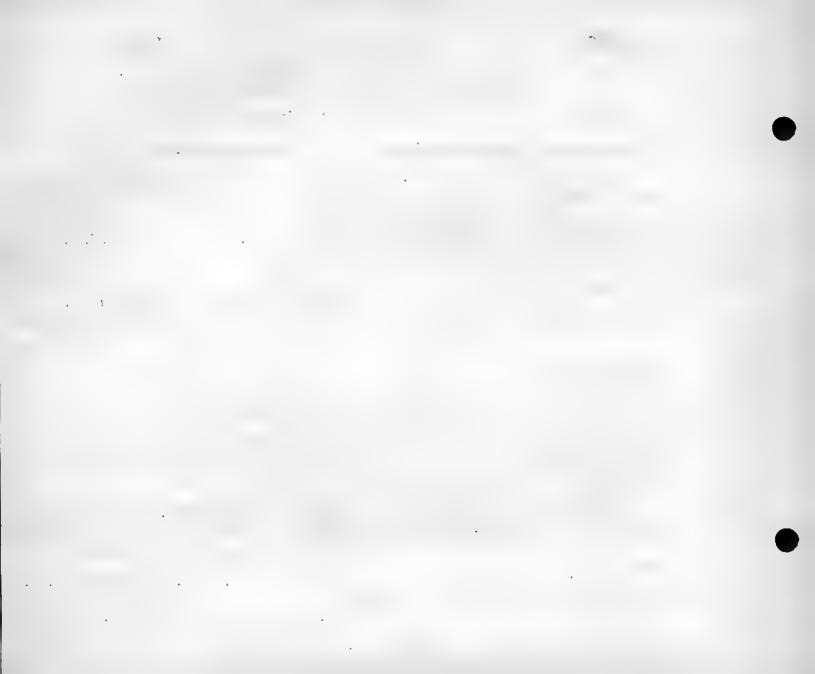
Sarah Queen

Lawrence Gray Rt. 1-Box #21- Md.

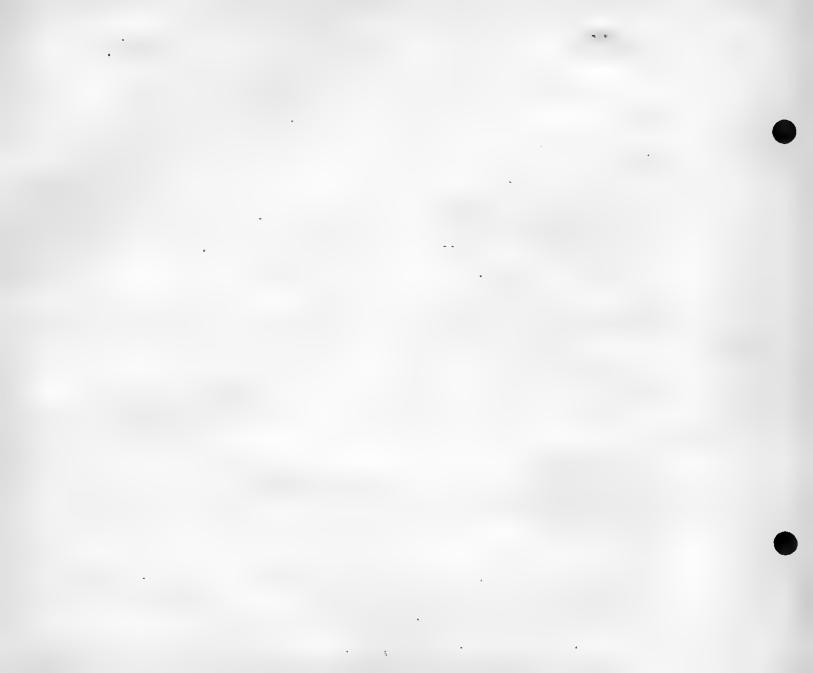
Brandywin

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13121 CERTIFICATE OF DEATH certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH and completely filled in by the funeral remove carbon popers. Pages 1 and Prince George o. COUNTY Maryland Prince George MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) CVH CPURA Taild give neorest town) D. O. A. popers. Pa thin 72 hours Martin Woods (Lanham P.O.) d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince George General Hospital 7201 Riverdale Road YES NO F 3 NAME OF DECEASED (Type or print) please remove carbon 4. DATE First Lost Month Dov Year GEORGE EDWARD GUDE Sept. 5. 66 DEATH 19 5 SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR DR RACE AGE (In years 7. MARRIED NEVER MARRIED log orthdoy) Months March 3, 1917 Doys Hours Male White DIVORCED WIDOWED Medical Examiner, 100 USUAL DCCUPATION (Give kind of work done 10b KIND OF BUSINESS DR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT U.S. A. dulty inpet of working be, even it retired) WWEST. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or remayal, Charles A. Gude Gertrude C. Chapman 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT requires that the death (Yes, no, or unknown) (If yes give wor or dotes of service) Dermit 218 07 8756 Florence E Gude Same as #2 (wife) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per lyne for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Approved DUE TO Conditions, if ony, which gove rise to immediate couse (a), Kghoe, DUE TO stoting the underlying couse as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO PS certificate far 200 ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. factory, street, office bldg., etc.) Not While of work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 19 6 and that death accurred at AM, fram causes and an the date stated above. saw the deceased alive an Acu 220 SIGNATURE 22b. DATE SIGNED STAFF director, poge 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 53/ 22c PHYSICIAN'S NAME (Type) Dayton O. Watkins, M. D. 23o. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (county) (Stote) BEMOVAL Specify) 9/7/66 Arlington National Arlington Arlington Va. **ADDRESS** 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Francis Gasch's Sons Hyattsville, Maryland ocharles VR A15 (4) 20 M 1/66 1966 DATE





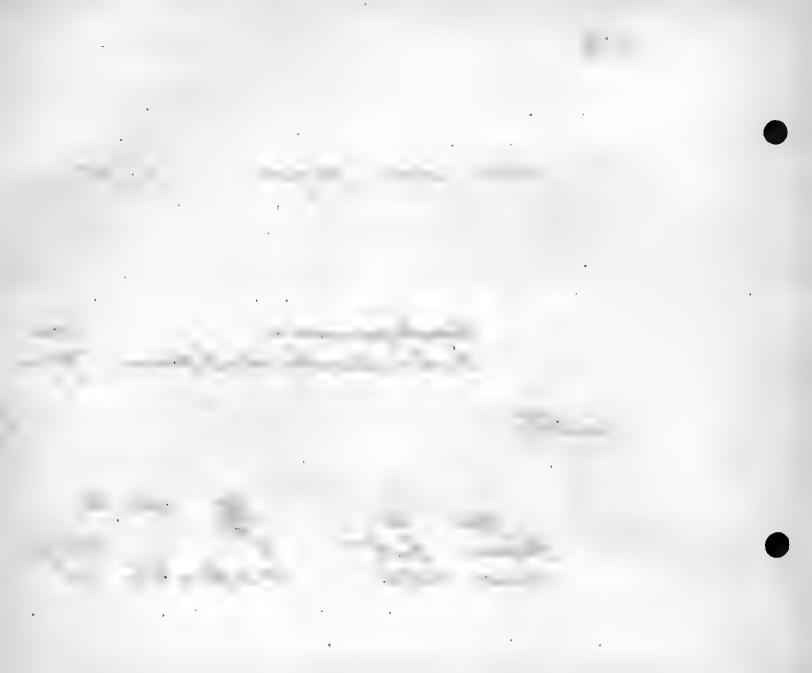
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY b. COUNTY Prince George's MARYLAND Prince George's b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest fawn) ve carban papers. Pagevent, within 72 haurs Cheverly 2 days Beltsville e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Prince George's General Hospital YES 🗍 NO ! 10401 46th Avenue 3 NAME OF Last 4 DATE Month Year DECEASED Dan Thomas (Type or print) Hanna Jr. DEATH September 19 66 NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED last birthday) Days Male White WIDOWED DIVORCED August 30, 1966 attending physician and sermit. Then please rem 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10c. JSUAL OCCUPATION (Give kind of work done 10h. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Prince George's, Maryland US A 13 FATHER S NAME cremation, or remayal, Dan Thomas Hanna Sr. Cynthia Irene Graves 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give wor or dates of service) no Mother as above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse ta immediate cause (a), D'UE TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be fil≡d with the State Dept. of Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES | NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm. 20d INJURY OCCURRED (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Haur a m. factory, street, affice blog. etc.) Not While at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram 8/30 1966, to 9/1 1966, that (i) (we) last 19 66, and that death accurred at 7 : 45 M, fram causes and an the date stated above saw the deceased alive or 22a. SIGNATURI 22b. DATE SIGNED MED. MD. DIRECTOR 22d ADDRESS 22r PHYSICIAN'S 6821 Riverdale Road, Riverdale, Md. NAME (Type) Iradi Mahdavi 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a BURIAL CREMATION. B LESMOYAL (Specify) 9/3/66 Colmar Manor, P.G. Md. Ft. Lincoln 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 3. CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth deoth pub 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) signed by the ottending physicial ond completely filled in by the funeral burial-transit permit. Then beese remove carbon papers. Pages 1 and burial, cremation, or removal, and in any event, within 72 hours after deat 1. PLACE OF DEATH "Prince George's Prince George's MARYLAND c CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town) b CITY DR TDWN (if autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Hills. Landover D.O.A. Cheverly d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4613 68th Place Prince George's General Hospital YES 🔲 ND 3 NAME OF First Middle Last 4. DATE Month Year Day DECEASED L. Havelka Edward September 22 19 66 DEATH (Type or print) IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6 COLDR DR RACE 7 MARRIED ∇ DATE OF BIRTH AGE (In years **NEVER MARRIED** birthday) Months Days Haurs Feb 12, 1911 White Male WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) permit. Then please in during most of working life, even if retired)
Liquor dealer UCOUNTRY? Sellistremployed New Jersey 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Havelka Anna M. Havelecak IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service) Joanna L Havelka Landover Hills, Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) physician, DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO YES 🗔 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Nat While While at work at work 19_46 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 1966 ta 19 66, and that death occurred at 7:36 AM, from causes and an the date stated above saw the deceased alive on 22b. DATE SIGNED Sept. 22, 1966 22a. SIGNATURE MED DIRECTOR STAFF PHYS. ATTENDING M.D. PHYS 224-PHYSUCHAN'S 22d. ADDRESS NAME (Type) Frederick E. Masser, M.D. 4410 74th Ave. Bellemeade, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) Entonbrient Ft Lincoln Mausoleum Colmar Manor Pro Geo Md. Sept 26. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Sons Hyattsville, Md. F. Gasch's 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Prince George's a. STATE Paryland b. COUNTY Prince George emove carbon papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Seabrook. Mid. Seabrook, 40 years Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET AOORESS 9441 Dubarry avenue, . Dubarry NO 1 avenue.. YES completely ve carbon p within NAME OF Middle DATE Month Day **OECEASEO** (Type or print) DEATH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. | Isst birthday) | Months | Days | Hours | Manager | Manag executed 5. SEX OME OF BIRTH 6. COLOR OR RACE 8. 9. 7. MARRIEO NEVER MARRIEO white Plarch 6. female 1881 WIDOWEO X DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INOUSTRY COUNTRY? death certificate be Penna Railroad Maryland S Retired watchman 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Mary L: Suit Agustus Yost 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes. no. or unknown) | (If yes give war or dates of service) Alice E. Smith Carollton Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF OEATH [Enter only one cause per_line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed OHE TO Conditions, If any, which been gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO" certificate YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year Hour a.m. While Not While After at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 52 M. from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF **OIRECTOR** M.D. PHYS. TO FUNERAL I E E HOSPITAL 22c. PHYSICIAN'S 22d. NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. NAME OF CEMETERY OR OREMATOR Whitfield Chanel Lanham, Pro leo Burial REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL OIRECTOR Hvattsville. Md. F. Jasch's Sons VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the death certificate be executed within 24 haurs after death funeral I and and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Marylan d b. COUNTY Prince George Prince George MARYLAND c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 se remave carban papers. Pages id in any event, within 72 hours af write RUPAL and give nearest town) Laurel B. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 1710 Sandy Spring Road 1710 Sandy Spring Road NO 3 NAME OF Middle DATE Dov Yeor DECEASED ELMER OF DEATH HAZELTON Sept 3, 19 66 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7, MARRIED 8. DATE OF BIRTH AGE (in years NEVER MARRIED last any haday) Male White Days Hours Sept. 3, 1882 WIDOWED DIVORCED Medical Examiner, 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT dernamost of morking like even if retired). Construction U.S.A. New Jersev 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexanderia Hazelton Mary Book approved. 33 Lakeside DadiesGreenbelt, Md. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO burial-transit permit. (Yes, na, ar unknown) (If yes give war or dates of service) 215 05 4374 Mrs. Pearl M. Keeney Daughter 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) INTERVAL BETWEEN DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X 20o. ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) Hour o.m. Not While factory, street, affice bldg., etc.) at work at wark 1966 to Moy 26 21. I certify that (I) (this haspital) attended the deceased from Him law saw the deceased glive an 1967, and that death acc ., 196C, that (I) (we) last Page 4 may be retained TO FUNERAL DIRECTOR: A) directar, page 3 shauld shauld be filed with the and that death accurred at 115 P. M., from causes and an the date stated above. saw the deceased alive an Mag 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF Ø 11 DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Bergerman 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 230 BURIAL, CREMATION, Burral (Specify) 9/7/66 Gate of Heaven Silver Spring Montgomery Moregistrar (256 REGISTRAR S SIGNATURE 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPL PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COLNIY 2, and 3 to PM3. Page o STATE 2010 b COUNTY 9 Prince George s MARYLAND Prince George's Maryland Deportment c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 write RURAL and give neorest town) ofter Cheverly DOA Accokeek d NAME OF HOSPITAL OR INSTITUTION (finet in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs olong with form Pages ote Prince George General Hospital Box 121. Beal Hill Road YES NO haurs ofter death with the Sto within 72 F 3 NAME OF Middle Lost 4 DATE Doy Year DECEASED OF (Type or print) Elizabeth DEATH Brown Hensley S SEX 6. COLOR OR RACE 9 AGE (In years 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Hem 18. lost birthdoy) Months Days Hours WIDOWED DIVORCED event Female. White 12 Nov. 1886 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BLS-NESS OR 11 BIRTHPLACE (State or foreign country) 12 ETT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY ony Virsinia Housewife Home pencil 13 FATHER'S NAME Exomine 14 MOTHER'S MAIDEN NAME This certificate should be executed within 00d <u>B</u> ond ----Marsh Hnk. 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service removal Ballara G. Hensley Clinton, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH TD. IMMEDIATE (AUSE (6) Burns - 95% of body surface used as a burial-trai DUE TO Conditions, if only, which gove (b) tise to immediate couse (a), DUE TO stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS) PERFORMED? the certificate, YES X NO designated agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW IN. JRY OCCURRED (Enter nature of njury in Port I or Port II of item 18.) 3 should MEDICAL EXAMINER: Burned while trying to extinguish brush fire. 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) Hour o.m. foctory, street, office bldg, etc.) While at work of work FUNERAL DIRECTOR: Page 9-11- 1966 Wooded area near home Same as #2 21. I certify that I took charge of the remains described above, held on Autopsy [X]. Inspection x Inquiry X. ond in my opinion Natural couses deoth resulted from ✓ Accident Suicide [Homicide Undefermined monner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 10 FUNERAL Health or 1 þe DEPUTY MEDICAL EXAMINER IX Riverdale, Md. 9-12-66 NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 23o. BUR AL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Cedar Hill Cemetery 9-14-66 Buria Suitland. Md. 24. FUNERAL DIRECTOR 2So RECD BY REGISTRAR 25b. REĞISTRAR'S SIGNATURE Wash. VR A15ME (5) 1966 Lee Funéral Home 300 4th St.N.E. D.C. DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 M CERTIFICATE OF DEATH 7 be executed within 24 haurs after death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 5 burial, crematian, ar remaval, and in any event, within 72 haurs ofter death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTA MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) days IVERDA IS RESIDENCE ON A FARM2 d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO YES 3 NAME OF Middle 4. DATE Month Day Year Last First DECEASED (Type or print) OF 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX B. DATE OF BIRTH AGE (in years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Hours Days WIDOWED DIVORCED 12 CITIZEN OF WHAT 17 BIRTHPLACE (County & State, or fareign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY_ during most of working life, even if retired) 0 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME attending pro IS. WAS DECEASED EVER IN J.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO 17 (Yes, na, or unknown) (If yes give war ar dates of service) 577-36-4231 Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause 3 shauld be detached for use as the with the State Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur o.m. Not While at wark at work ... 1966, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from_ M, from causes and an the date stated above. 19 66, and that death occurred at sow the deceased olive on-22b. DATE SIGNED 22a SIGNATURE **ATTENDING** STAFF M.D. DIRECTOR PHYS. PHYS. directar, page should be filed 22d ADDRESS 22c PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b DATE THEREOF 23g BURIAL CREMAT ON, Md. Colmar Manor, Fort Lincoln Com. 9/15/66 Mar yland Lainier 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Nalle 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Home Funeral



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH completely filled in by the funeral.

The component of the form of the form of the feet of requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) I PLACE OF DEATH Prince George's County b. COUNTY Maryland Prince G orges MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Riverdale, Md. eose remove carbon papers. Pag and in any event, within 72 hours 12 days Riverdale. Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS 4506 Tuckerman St. Eugene Leland Memorial Mospital NO X 3 NAME OF Middle 4. DATE Month DECEASED (Type or print) Henry Herrell 66 A . 19 DEATH DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Cauc. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 13 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRY?U.S. during most of working life, even if retired) INDUSTRY Virginia Retired Blacksmith 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Editorrows Frank A. Herrell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, po_orunknown) [(If yes give war or dotes of service) Same address Medical hecords/wife 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit p ONSET AND DEATH YILL IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse for use as the f Page 4 may be retained by the haspital or attending **FUNERAL DIRECTOR:** After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING I 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg , etc) Hour o.m. ot work L ot work 19 . 19____ that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram ____ to should 19 and that death occurred at_ M, fram causes and an the date stated above saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS. director, poge should be filed 22c. PHYSICIAN'S holand F. Wilkinson, M.D. Queensbury Road, Riverdale NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) CEM. BLADENSBURG LINCOLN 0 BURIAL 2So. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)

MARILAND STAIL DEFARMMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALT	Н
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
3	CERTIFICATE OF DEATH	13131

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1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
PYINGE JERYEC MARYLAND	a. STATE b. COUNTY	500
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
SuITIAND 8/9/66 9/20/6	Upper Morboro	1.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
SWITIAND NUYSING HOME INC	14016 Willaichby RD.	YES NO NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) I AM A	HINNERS DEATH SEPT.	20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months!	1 YEAR IF UNDER 24 HRS. Days Hours Min.
WIDOWED DIVORCED	Flug 21, 170 10 63 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
Housewise Own Home	New Jersey	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Albert Siemson.	Albina Schmall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address I	tem #2
CIN ROY CON GO	erge Francis Hinners-Same	4.5
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ 1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	brown	DRSET AND DEATH
1930 DUE TO		
Cenditions, If any, which }		
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAI		YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED, (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLJ	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	ory, street, omcooling., etc.,)	
21. I certify that (I) (this hospital) attended the deceased from	8-20 1966 to 9-20- 1966	that (I) (we) last
	at death occurred at 3680M, from the causes and on the	
22a. SIGNATURE	_ 22b. D/	ATE SIGNED
Mitant Lilly M.	D. PHYS. MED. STAFF DIRECTOR PHYS. 9	20/66.
22c. PHYSICIAN'S NAME (Type) Q. Richard Lilla	226. ADDRÉSS 4/410-742 we Bellow	med, med.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
Burial 9/22/66 Weshington	National Suitland	Ma.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'	
Ritchie Bres. Fpmer Marlbere. Mar	DATE OCT 4 1986 your	les judge.

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l oi.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 deoth. be executed within 24 hours after death by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY nce George's o. STATE Maryland b. COUNTY Prince George's signed by the attending physician and completely filled in by the fur burial-tronsit permit. Then please remove corbon papers Pages 1 burial, cremation, ar removal, ond in ony event, within 72 hours after MARYLAND E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, Cheverly 18 days Suitland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's General Hospital 4666 Lacy Avenue YES NO 3 NAME OF DECEASED First 4. DATE Lost Month Doy Yеаг G. John Hoff September 22 66 19 DEATH (Type or print) IF JNDER ! YEAR AGE (tn years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH Months Hours Doys White Male X WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Ma ryland Retired Butcher Briggs Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dotes of service) 218-07-3277 Henry J Hoff Suitland, Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the hos been last. use os PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. Not While foctory, street office bldg , etc.) of work 21. 1 certify that (I) (this haspital) attended the deceased fram Sept. 4 , 1966, to Sept. 22 1966, that (I) (we) last director, page 3 should should be filed with the Sept. 221966, and that death accurred at 3:20 M, from causes and an the date stated above. saw the deceased alive an. 22b DAJE SIGNED 22o, SIGNATURE STAFF PHYS ATTENDING M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Cedar Hill Cemetery Suitland Pro Geo Md Buria. 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA **MEDICAL EXAMINER'S** CERTIFICATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND 3 to the funeral Page 5 may be State Department hours after death. b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NOL YES ! DATE Middle Month Day Last OF DEATH DECEASED 1962 (Type or print) 2 with within AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Days Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8, 7. MARRIED NEVER MARRIED Months Davs WIDOWED DIVORCED [and a 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done) BIRTHPLACE (State or foreign country) during most of working life, even if retired) **COUNTRY?** -EATHER'S NAME File 15, WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) (If yes give war or dates of service) permit. I INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-transit i DUE TO Conditions. If any, which This certificate should be rise to immediate DUE TO (a), stating the word e ಥ underlying cause last. used as to burial, PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO YES N 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) be or 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 should agent, pri CAUSE OF DEATH. WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While ___ at work at work L 21. I certify that I took charge of the remains described above, held an Autopsy 15%. Inspection 🥍 [Inquiry (and in my opinion should ORRECTOR: Homicide Undetermined manner Accident Suicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER Your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI ō for DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION DATE REMOVAL (Specify) Burial Cedar Hill Cemetery 9/29/66 Prince Georges, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral Homers 25a. VR A15ME 4308 Suitland Rd. Suitland, Md. DATE 3500 4-64



THE PERSON NAMED IN			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
FOR	STREE!		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13134							
HEALTH	DEPT.	=	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
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De la	まま	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)							
essa fune nay	dea dea		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)							
The Cr	leps fter	-	d, NAME OF HOSPITAL OR INSTITUTION (# not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE							
f any delay is necessary, 1, 2, and 3 to the funeral in PM3. Page 5 may be	State Department hours after death.	4	Bucco Lie of the fat (332 marce) Cicl - VES NO BE							
del 3.	2 S	- 7	3. NAME OF Gilman First Charle Middle Last 4. DATE Month Day Year							
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24 hou	農農	-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address							
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vith Per l	permit. removal,	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
uted within " in pencil Examiner's	年 产		PART I. DEATH WAS CAUSED BY:							
P. G.	ans n, o		HMMEDIATE CAUSE (a) COLOR COLO							
dica	a burial-transit cremation, or		Conditions, If any, which							
M ad a	Dar.		gave rise to immediate cause (a), stating the DUE TO							
houl	<u>a_a</u>		underlying cause last. (c)							
S M S	ed as a burial,	7 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
fical the the	S E	3	YES NO A							
EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil Toold be forwarded to the Chief Medical Examiner's	should be gent, prior	VEDTICIOATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF DEATH.							
This war	3 shou agent,	1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
Cate	ന്ന	15	Hour e.m. While Not While factory, street, office bldg., etc.)							
MIN rtifi d be	age		p.m. 19 at work							
AL EXAMINER the certifica the certifica	CTOR: Page designated		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner							
	des des		CHIEF MEDICAL EXAMINER							
MEDIC ecute Page	DIRECT Its of		SIGNATURE (CL-TT) C LL C. L'EL M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED							
	O FUNERAL DIRECTOR: of Health or its design		EXAMINER'S DAYTON () () A TELL Address (Street, city, town, or county)							
O DEPUTY please ex director.	UNERA Health	2	BURIAL, CREMATION, 23b. DATE THEREOF 20c., NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City, town or county) (State)							
2 2 2	2 2 2 2		Byrinh Riscur 9/23/60 Mountain View Cometery Cowell, VERMONT							
		1	24. FUNEDAL DIRECTOR- ADDRESS 25a. HEC'D BY REGISTRAR'S SIGNATURE							
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3500	J 4-04	15								



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on: Residence before admission) o. COUNTY b. COUNTY papers. Pages I CITY OR TOWN (V. autside carparate limits, write RURAL and give nearest tawn) MARYLAND Rince Georges CITY OR TOWN (If autside carparate limits c LENGTH OF STAY IN 16 write RURAL and give nearest town) HVA-HSVILLE e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS NO V 를 YES 3 NAME OF DATE Manth 900 Last Day Year 3 DECEASED evening. Sent 20 1966 (Type or print) FRANCES DEATH attending physician and carren-nermit. Then please remove car IF UNDER 1 YEAR I IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7 MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) **NEVER MARRIED** Manths Days Haurs DIVORCED or remaval, and in any 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane KIND OF BUSINESS OR 10b 11 BIRTHPLACE (County & State or foreign country) COUNTRY? during mast of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME BROWN ARGARET 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMAN Address 4922 LA Solle Par permit. (Yes, no, or unknown) (If yes give war ar dates of service) ARMOIT MANOR. 577-07-38 crematian. 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSEC AND DEATH IMMEDIATE CAUSE (6) signed by burial, Conditions, if any, which gave rise to immediate couse (a), DUE TO far use as the b fHealth priar tab stating the underlying couse Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO M 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 重 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. c 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED Haur om. foctory, street, affice bldg., etc.) Not While at wark 21. I certify that (1) (this hospital) attended the deceased fram June 28 19 6 G that (1) (we) last . 1966 _ta 212t director, page 3 shauld shauld be filed with the -30 19/66, and that death accurred at 31/140 M, fram causes and an the date stated above saw the deceased alive ans 22b DATE SIGNED 22m. SIGNATURE 66 M.D. PHYS DIRECTOR PHYS homas 22d. ADDRESS 22c PHYSICIAN S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b, DATE THEREO 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. VR A15 (4) Marle 09 20 M 1/66 DATE

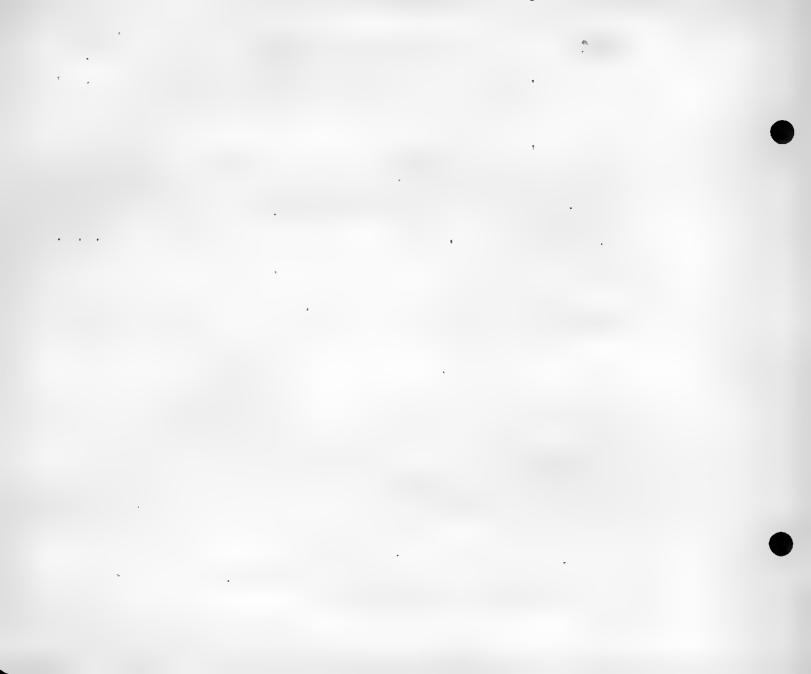


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE DEATH 24 hours after death PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY CR4 INCE MARYLAND CITY-OR TOWN (if butside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b MISUILLY TSVILLE Ė d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within NO YES executed within completely carbon NAME OF Middle Last DATE Mon th Day Year DECEASED (Type or print) DEATH 21 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH гетточе ast birthday) Months ! Days Hours any and WIDOWED Z DIVORCED | physician and ph ≘ 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State. or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY 19125 MISTAL CONSTRUCTION death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NETTIE LAWSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, w unknown) (If yes give war or dates of service) transit permit. 16. SOCIAL SECURITYNO. 17. Address INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for law requires that the transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, DUE TO Cenditions, If any, which gave rise to immediate as the l DUF TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA WAS AUTOPSY PERFORMED? for use Health feel or clauren NO YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) ö detach EDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. retained pinons 21. Legitle that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 1/30 M, from the causes and on the date stated above. saw the deceased alive on 1966 SIGNATURE 22b. DATE SIGNED g page MED. DIRECTOR M.D. O HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS director, p LOCATION (City, town or county) BURIAL, CREMATION, 23b. **DATE THEREOF** NAME OF CEMETERY OR CREMATORY (State) 2 REMOVÁL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13137 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) filled in by the funeral papers Pages I and PLACE OF DEATH b. COUNTY a. COUNTY a. STATE Prince George's within 72 haurs after Prince George's MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURA, and give nearest town) b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b write RURAL and give nearest town) Colmar Manor 5 hours Cheverly d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3606 41st Street YES NO THE Prince George's General Hospital 3. NAME OF DECEASED campletely fi Lost 4 DATE Manth Doy Year W. 19 66 Johenning September Car1 DEATH (Type or print) IF UNDER 1 YEAR 1F UNDER 24 HRS. AGE (In years S. SEX 6 COLOR OR RACE **NEVER MARRIED** 8. DATE OF BIRTH 7. MARRIED 78 birthday) Months Doys Haurs July 26, 1888 White WIDOWED DIVOR (ED Male burial, crematian, ar remaval, and ın any 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done GUNGY? A. during most of working life, even if retired)

Retired Virginia INDUSTRY Painter 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Mary Morse Clemence Johenning 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor or dates of service) 578 01 0870 17 INFORMANT Address signed by the attendive burial-transit AnnieB. Johenning - wife Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY ONSET AND DEATH Myopaide IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame form. (City or tawn) (Caunty) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, affice bldg., etc.) While Not While at work at wark 1964, to Se 1073, 1966 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Dece Sept 2 19 66, and that death accurred aB: 20AM, fram causes and an the date stated above. saw the deceased alive an-22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** Q.M 22d. ADDRESS 3503 22c. PHYSICIAN'S AMERON PERRY NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF 230 BURIAL (REMATION, B REMOVAL (Specify) 9/5/66 Oak Wood Richmond Va. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M T/66 Francis Gasch's Sons Hyattsville, Maryland DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13138 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY filled in by the fun papers. Pages 1 of thin 72 hours after c PRINCE MARYLAND PRINCE GEORGE'S GEORGE'S MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) SUITLAND ANDREWS AIR FORCE BASE d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 5046 Silver Hill Road USAF HOSPITAL ANDREWS NO X NAME OF Middle 4. DATE Last Year DECEASED **JAMES** JONES DEATH SEPTEMBER 19 **ALONZO** 19, 66 remove cara Type or print) 8 DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) 55 yrs. Hours CAUCASIAN WIDOWED DIVORCED AUG 1911 and in ahy MALE IDa USUAL OCCUPATION (G ve kind af wark dane dur na mast af warking life, even if ret red) AIRMAN (RETIRED) 1) BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR INDUSTRY attending physician receipt FORCE FAYETTEVILLE NORTH CAROLINA U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, MARY ETHEL POWELL ALONZO HENRY JONES 17. INFORMANT 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war ar dates of service)
YES 1933-1957 579-50-0648 MARGARET E JONES-WIFE-SAME INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p IMMEDIATE CAUSE (6) CHRONIC LIVER FAILURE 165% DUE TO Conditions, if ony, which gove MONTHS (b) METASTATIC CARCINOMA rise ta immediate cause (a), DHE TO stoting the underlying couse (c) CARCINOMA OF LUNG MONTHS last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar Part II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month, Day Year Nat While Hour o.m. factory, street, affice bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased fram 4 MAY _____, 19.66, ta 19. SEP ____, 1966, that 01 (we) las 22b. DATE SIGNED 220 SIGNAFORE ATTENDING 19 SEP 66 KX M.D. DIRECTOR PHYS. 22d ADDRESS USAF HOSPITAL ANDREWS 2% PHYSICIAN'S TO FUNERAL NAME (Type) AF MCANDREWS AFB WASH DC 2033 director, should by 230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BREMOVAL (Specify) 9/21/66 Arlington Va. Arlington National Cem. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral Home 25g, REC'D BY REGISTRAR ADDRESS Milanten VR A15 (4) 20 M 1/66 4308 Suitland Road, Suitland Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21207 19185 CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Prince Georges o. STATE b. COUNTY D.C. MARYLAND kion and completely filled in by the fulleose remove carbon papers. Pages 1 and in any event, within 72 hours after LENGTH OF STAY IN 10 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b CITY DR TDWN (If outside corporate limits, Glenn Dale (rural) Washington d. STREET ADDRESS e IS RESIDENCI d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) DN A FARM? Glenn Dale Hospital 4302 4th St., N.W. YES NO EX The low requires that the death certificate be executed within 3. NAME OF 4 DATE Doy Year Middle Lost Month DECEASED Henrietta E. Jones 22 September (Type or print) DEATH 1966 IF JNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years 5 SEX 6 COLDR OR RACE 7. MARRIED NEVER MARRIED last pirthdoy) Hours WIDOWED ** DIVORCED 4/12/1910 attending physicion and or permit. Then please remo Female Negro 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) 10o JSUAL DCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired)
Housekeeper COUNTRY? INDUSTRY Washington, D.C. USA 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Leroy Holmes Lucille Terrell IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendi buriol-transit permit. (Yes, no, or unknown) ((If yes give wor or dates of service) 577-32-1624 Decedent cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Widespread metastatic carcinoma IMMEDIATE CAUSE (o) Page 4 may be retained by the Espital or attending physician. 170X DUE TO buriol, c Conditions, if ony, which gove rise to immediate couse (o). **BUE TO** for use as the b storing the underlying couse FUNERAL DIRECTOR: After this certificate has been (c) Carcinoma of left breast 1964 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION Bilateral oophorectomy, remote YES XX NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work 9/22/ , 19 66, that (1) (we) last 21. I certify that XIX (this haspital) attended the deceased from. 7/2/ . 19 65 . to 9/22/1966, and that death occurred a2:15AM, from causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING m DIRECTOR XX PHYS. 9/22/1966 M.D. director, page 3 should be filed v 22d. ADDRESSGlenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREOF 230 BURIAL CREMATION, PUTTATE Lincoln Memorial Maryland Center . 0 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

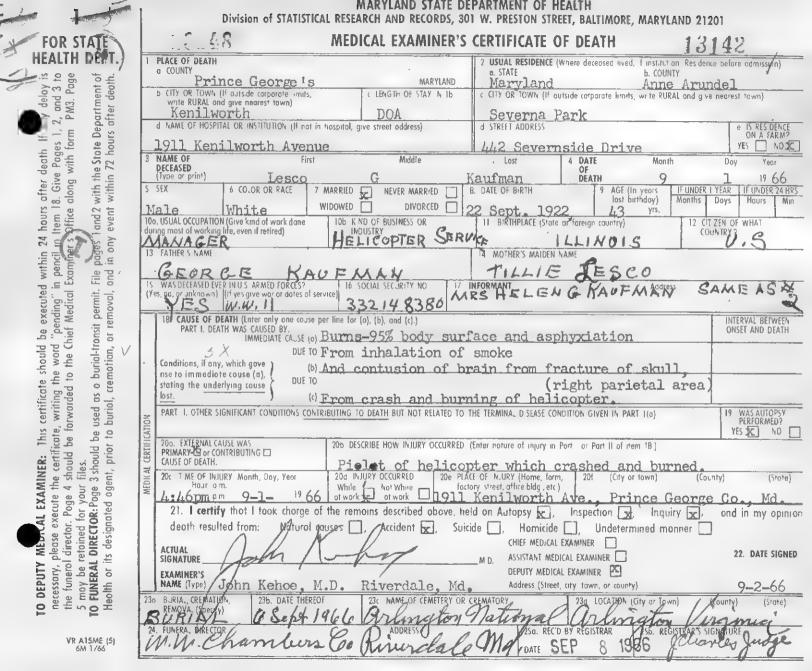


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE death. funeral and death 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY rince Georges a. COUNTY the 1 a. STATE Maryland after Prince Georges MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b が変 ve carbon papers. Pag event, within 72 hours hours Hattsville hrs Cheverly .≘ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled i 6. IS RESIDENCE ON A FARM? d. STREET ADDRESS General Hospotal Street 7108 Warnum Prince Georges NO YES completely executed within 3. NAME OF DATE Month Day Year Middle Last DECEASED 22 Sept ... 19 66 B Lucille ĎEATH (Type or print) Jones AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH 8. last birthday) | Months | Days Hours and any Dec., 1906 White WIDOWED T DIVORCED Female and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT rsician 11. BIRTHPLACE (County & State, or foreign country) certificate be COUNTRY? during most of working life, even if retired) INDUSTRY USA Unemploved Illinois 13. FATHER'S NAME MOTHER'S MAIDEN NAME Willard Harris Unknow attendi 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-fransit permit, should be filed with the State Dept. of Health prior to burial, cremation, or death Lucille A. Lieb Same As Mrs. None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 📈 NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work and that death occurred at 9 19. _, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from M. From the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. Page 4 may b M.D. DIRECTOR PHYSICIAN'S NAME (Type) 22d. ADDRESS Max.M Herzberg. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Lincoln Cemeterv Colmar Manor Maryland Burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15 (4) Vm. Lees Sons Washington . DC 15M 4-64



<u>)</u>	(M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR ST		medical examiner's certificate of death 13141
HEALTH		Prince George 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) b. COUNTY Prince George MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) b. COUNTY Penna Fallette
ry deloy is and 3 to PM3. Page	Stote Department of 2 hours ofter death.	b C TY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7	epartm	d NAME OF HOSPITAL OR INSTITUT ON (if not in hospito, give street oddress) d STREET ADDRESS e IS RES DENCE
h. If ges 1 form	tote Del hours	Prince George General Hospital Oliver #1 Box 233
r deat ve Po	the in 7	3 NAME OF First Middle Joseph Lost 4 DATE Month Day Year DECEASED (Type of print) Michael Sosypota Kalich DEATH 9 3 19 66
hours ofter death. If a ltem 18. Give Poges 1,	2 with the	S. SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
24 hour in Item	Pond 2	100 USUA. OCC. PAT ON (Give kind of work done work done work done with the control of Country) Control of Country Coke Co. Fayette Co., Pa. 12 CITIZEN OF WHAT COUNTY?S. A.
l within 24 n pencil in Examine	8 .E	13. FATHERS NAME 14. MOTHERS MAIDEN NAME
ed within in pencil i	and	Nicholas Kalick Rose Bozecevic 15. WAS DECFASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
e executed pending" i ef Medical	permit.	(Yes no or unknown) (If yes give wor or doles of service) Helen D. P. Kalich Same as #2
nould b word '	o burial-transit remotian, or re	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse Output DUE TO DUE TO Conditions the underlying couse (b) Stating the underlying couse (c) (c)
s certificate st , writing the forwarded to used os o bu buriol, cremo	PART E OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART LOS	
MINER: This the certificate 4 should be in files	3 should be ent, prior to	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Part 11 of item 18) PRIMARY 🗆 or CONTRIBUTING 🗆 CAUSE OF DEATH
AL EXAMINER: execute the certi rr. Poge 4 should	900	20c TIME OF N.JRY Month, Day, Year Hour o.m. p m. 19 While of work of
MEDICAL EXAM pleose execute the director. Page 4	FUNERAL DIRECTOR: Po	21 certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinion death resulted from. Notural causes, Accident, Suicide, Hamicide, Undetermined manner
UTY ME ory, plec	5 a 5	ACTUAL SIGNATURE EXAMINER'S Ohn Kehoe, M.D., Riverdale ASSISTANT MEDICAL EXAMINER Delty MEDICAL EXAMINER 10-4-66
TO DEPUTY necessory, p the funeral	TO FUNERAL Health or i	230. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON ICITY OF TOWN) (County) (State)
0 0 = 4	_5 ±	Buff 19/7/66 St. Mary's R.C. Uniontown Fayette Pa.
VR A	N15ME (5) W 1766	24. FUNFRAL DIRECTOR ADDRESS Francis Gasch's Sons Hyattsville, Maryland ADDRESS DATE SEP 6 1966 Cloude 0
		V 1000 Jules Jules







1_1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201												
- CALLER		10.49			CERTIFICA	ATE (OF DE	ATH			131	43	
haurs after death n by the Eurreral s. Pages 1 and thours after att	P	PLACE OF DEATH a COUNTY RINCE GEORG b CITY OR TOWN (1 outside write RURAL and give ner NDREWS AIR	carporate limits.		MARYLAND LENGTH OF STAY IN 16 66 DAYS	0	OISTR CITY OR TO	RICT O WN (If autside	F CO	lived, if instituti b. COUN LUMBIA Imits write RUR	TY	e nearest f	uwn)
24 hord in pers. 72 h		d. NAME OF HOSP TAL OR IN: SAF HOSPITA	,		e street oddress)		STREET ADD 9629	TAYLO	R AV	ENIIE		e	S RESIDENCE ON A FARM? NO X
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending pay scion and completely filled in by the funeral shauld be detached for use as the burial-transit permit. Here please remove carban papers. Page's 1-and if the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after atthe	3. S 100 dur	NAME OF DECEASED (Type or print) SEX 6. COLO MALE CAU JSUAL OCCUPATION (GIVE k.r. ng most of working life, even OFFICER FATHER'S NAME GERALD HOR WAS DECEASED EVER IN U.S. A S, ng or unknown (I SEP) YES SEP	First DALE IR OR RACE 7 M CASIAN WI d af work dane if retired) R RRMED FORCES? re war or dates of servi 40 – Feb er anny ane cause per	ARRIED DOWED DOWED INDU	CIAL SECURITY NO. 80-14-222	B. I. 17. INFO	LOST KENT DATE OF BIRT JUNE 11 BIRTHPLAC SIBL 4. MOTHER'S LAURA DRMANT (1922 E (County & Sto JEY IO MAIDEN NAME LA C WIFE)	DATE OF	Mont EPTEME GE (n years ist bathdoy) 44 yrs	IF JNDER Months 12. Cl	Doy L I YEAR III Doys TIZEN OF W ZUNTRY? S . A .	Year 19 6 6 UNDER 24 HRS. Hours Min. WHAT
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit shauld be filed with the State Dept. af Health prior to burial, cremating	CERTIFICATION	Conditions, if ony, which g rise to immediate cause stating the underlying co last. PART II. OTHER SIGNIFICAN 20a ACCIDENT WAS UNDERLY	MEDIATE CAUSE (o) DUE TO (a), (b) DUE TO (c) T CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT RELATED								AND DEATH ONTINS AS AUTOPSY RFORMED? NO
S PHYSICI the hospit this certif detached e Dept. af	MEDICAL CERT	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL) 20c. TIME OF INJURY Mon Haur a.m.	EXAMINER)	20d. INJI White of wark	Nat While	e. PLACE (factory,	OF INJURY (H , street, affice	ome, form, bldg., etc.)	20f. (C	ity or town)	(Co	unty)	(Stote)
OR DIRE		21. I certify that saw the deceased 22g. SIGNATURE	XIX(this haspital)) attende	ed the deceased frain 19.66, and	m_1 that d M.D.	ATTENDING PHYS	rred at 6.4	LSPM, f	4 SEP rom couses STAFF PHYS. 5 PITAL	22b. D	he date DATE SIGNED SEP (
ro Hospital Page 4 may To Funeral director, pag shauld be fi		MICHAEL L BURIAL, CREMATION, REMOVAL (Supcify) BUTIAL	JORDAN, C 23b. DATE THEREOF 9/12/66	APT	USAF MC 23c. NAME OF CEMETERY Hiram Memor	ial	ANDRI MATORY Park	EWS AI	B, WA 23d LOCAT St.	SHING ION (City or To Louis,	ron_I wn) Mo.	(County)	(Stote)
		. FUNERAL DIRECTOR 1helm Funera	1 Home 430)8 Su	ADDRESS Mar itland Rd.	ylar Suit	IG I	25a. REC'D BY		1966 /	GISTRAR'S S	HENATURE	usge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) physician and campletely filled in by the funeral infibilities. Pages Pand ocal, and in any event, within 72 haurs after design. o. COUNTY b. COUNTY Prince George's MARYLAND Prince George's LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits write RURA, and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 9 days West Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 74 Prince George's General Hospital 5603 31st Avenue YES NOX 3 NAME OF 4. DATE DECEASED M Kreider September (Type or print) Anna 28 DEATH 66 S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (n years lost b rthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED W NEVER MARRIED Months Dovs Hours WIDOWED DIVORCED White 12/7/11 54 Female 100 US_AL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY ? Philadelphia Pa. N/A 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Michael Hefferman Gallaihar 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 23 Earl L Kreider West Hyattsville Md. 4890 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART | DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH alure Daric IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO ficate has been s far use os the b i Health priar ta b stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES T NO [this certificate 200 ACC DENT WAS UNDERLYING □ 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 3 should be detached with the Stote Dept. at (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20d, INJURY OCCURRED (City or town) 20c TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After ot work 220. SIGNATURE DATE SIGNED 22b. MED. DIRECTOR ATTENDING PHYS M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) shauld 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)

Lincoln Cemetery

2So REC'D BY REGISTRAR

Colmar Manor, Pro Geo Md.

25b. REGISTRAR'S SIGNATURE

Oct 1, 1966

F. Gasch's Sons Hyattsville, Md.

VR A15 (4) 20 M 1/66

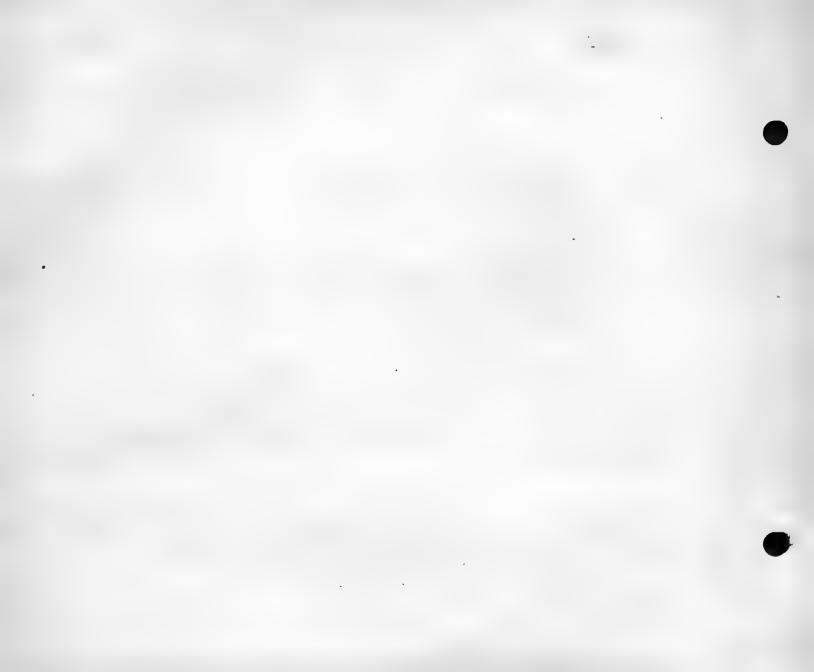
24. FUNERAL DIRECTOR

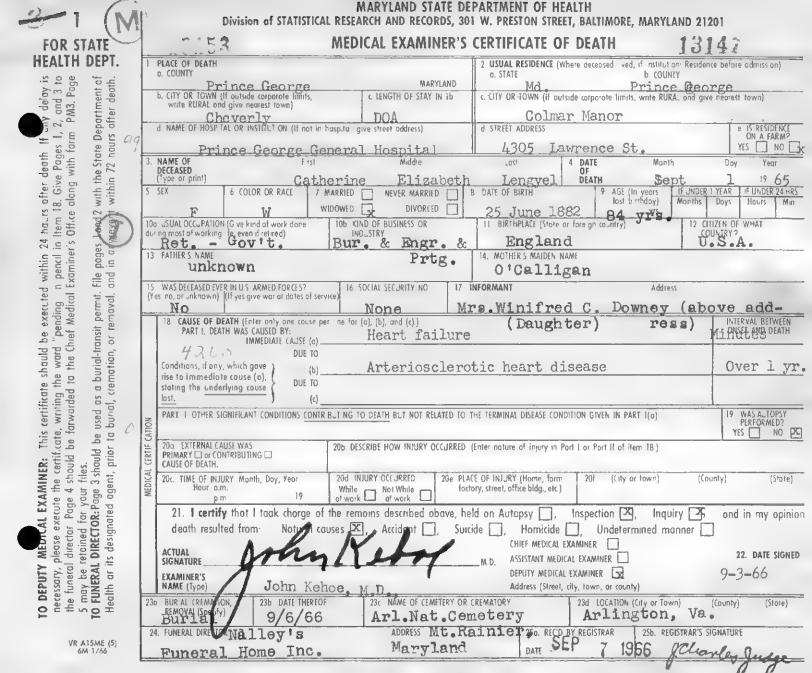


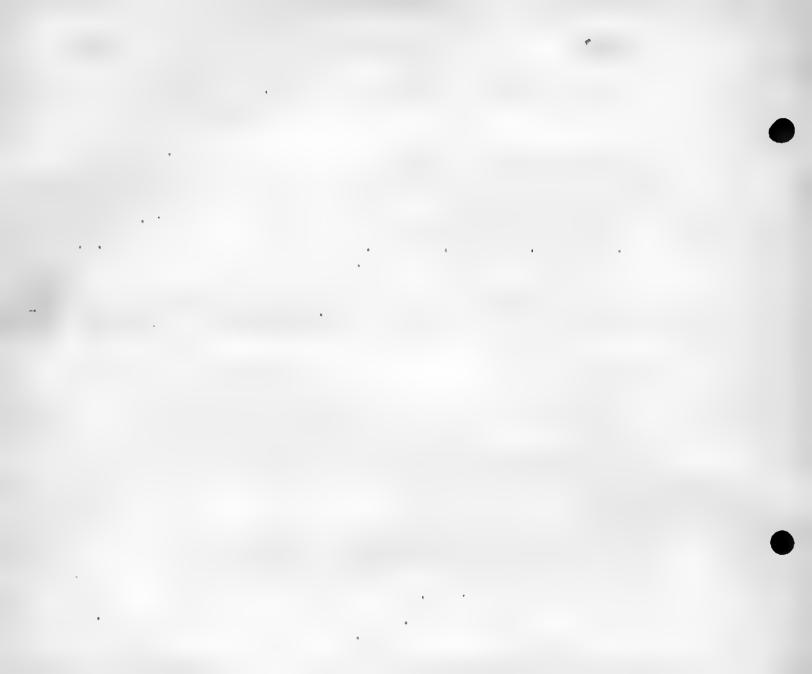
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) a. COUNTY a STATE b. COUNTY delay is and 3 to death Prince George's MARYLAND Maryland Prince George's Department b CITY OR TOWN (I autside carparate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Cheverly Maryland Park DOA S RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS along with farm haurs ON A FARM? denctive Item 18. Give Pages Prince George General Hospital 65th. Street YES NO ST ø t a 3 NAME OF Middle Last 4 DATE Month Day Year DECEASED OF with the (Type or print) Juanita Minnie Lee DEATH 19 S SEX 6. COLOR OR RACE AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED B DATE OF BIRTH **NEVER MARRIED** last birthday) Months Days Hours WIDOWED DIVORCED be executed within 24 hours Office 1 event White Feb. 1917 Female CV and (00 JSJALOCCUPATION (Give kind of work dane 106 KIND OF BUS NESS OR 11 BtRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired). INDUSTR COUNTRY? In any HOUSEWII 6M/-TLLIONIS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME BATCHER pup FIE IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SEGURITY NO permit (Yes, na ar Laknawn) (If yes give war at dates of service) MAS IANE BARRA remayal CHESNUT ST. SAN FRANISCO. CALIF CAUSE OF DEATH (Enter only one cause per me for (a), (b) and (c)) INTERVAL SETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Gun shot wound of chest ä 976X This certificate should e, writing the ward farwarded to the Cl cremation, DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause 0 used as burial, c last pesn 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO T pe its designated agent, prior to CERTIFICAT 20g EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Part II of Item 18.) 3 shauld OTCAL EXAMINER: CAUSE OF DEATH Shot self at home. MEDICAL 20c TIME OF NJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form, (City or town) (County) (State) factory street, office bldg, etc.) Hour am Not While While FUNERAL DIRECTOR: Page at work 12:05amm 9-11- 1966 at work Same as #2 Home 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 3. Inquiry of ond in my opinion the funeral director. death resulted fram. Natural causes //Accident Suicide Se Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1 SIGNATURE TO DEPUTY 5 moy be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION. 23d LOCATION (City or Town) (County) REMOVAL (Specify) ARLINGTO RLINGTON NATIONAL 250 REC BRY REGISTRAR 25b REGISTRAR'S SIGNATURE ham BERS CA PNC. VR A15ME (5) 1866 Charles fred DATE 6M 1/66



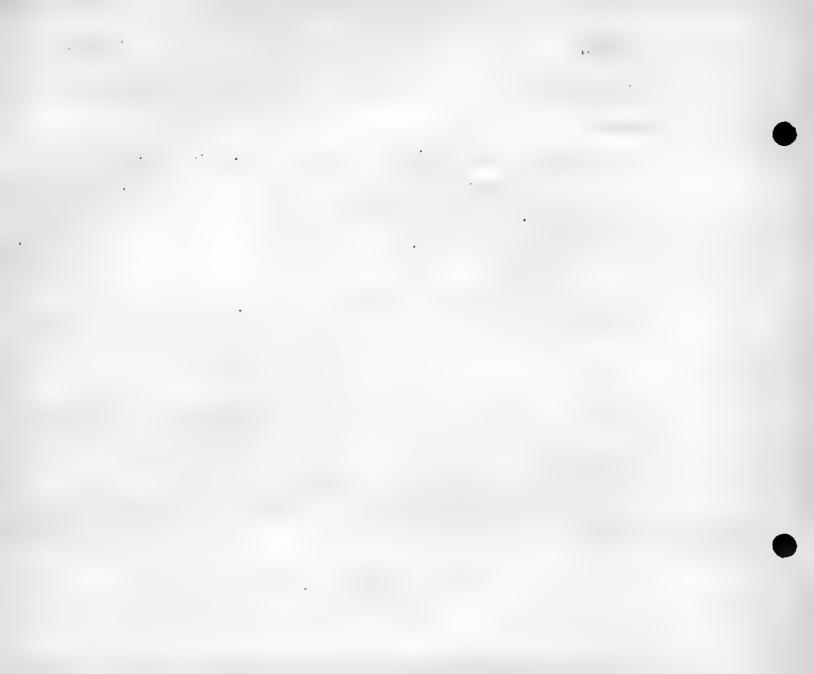
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND by the Pages b. CITY OR TOWN (If outside conforate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours hours Ξ e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO YES completely to we carbon p NAME OF DECEASED DATE Month Last OF DEATH event, 1 (Type or print) 1966 executed AGE (In years | IF UNDER | Jast birthday) | Months | 5. SEX 6. COLOR OF MACE IF UNDER 1 YEAR HE UNDER 24 HRS. DATE OF BIRTH and cor 7. MARRIED NEVER MARRIED Hours in any WIDOWED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done) County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician The law requires that the death certificate be during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give year or dates of service) 16. SOCIAL SECURITY NO. INFORMAN Add/ TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE the hospital or attending physician. **DUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED' NO. YES 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Ноиг а.т. While Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 1966 to 66, and that death occurred at 157. M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 2000 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY town or county) 23b. DATE THEREOF Fort Lincoln Cem. Buria Colmar Manor FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1866 VR A15 (4) Sons Lees 15M 4-64







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 303 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 401K eath requires that the death certificate be executed within 24 haurs after death pub PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) attending physicion and completely filled in by the funeral permit. Then please, remave carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Prince George's
b (ITY OR TOWN (If autside carparate fimils, MARYLAND remave carban papers. Pages 1 n any event, within 72 hours after Prince George's Mary Land c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? YES NO. 6711 43rd Ave Prince George's General Hospital 3 NAME OF Last DATE Dav Year DECEASED OF C (Type or print) Joseph DEATH Llovd Sent IF UNDER 24 HRS AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH last birthday) Months Days Haurs 12-25-1906 In day DIVORCED X WIDOWED Male Cauc. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? U.S.A. Baltimore, Md and S 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremation, or removal, John Lloyd Alice Summers 7403 Columbia WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, na, or unknown) (If yes give wor or dates of service) College Park 579-120-0061 Clarence W. Lloyd Ave INTERVAL BURNEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave (b) rise to immediate cause (a). DUE TO te has been suse as the bath priar to b stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION director, page 3 should be detached for use should be filed with the State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, office bldg , etc.) While Not While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram , that (I) (we) last M, fram causes and an The date stated abave. saw the deceased alive apand that death accurred at 22b. DAYE SIGNED 22a, SIGNATURE -MED DIRECTOR STAFF PHYS ATTENDING M.D. PHYS 22d **ADDRESS** 22c PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION 26b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) Burla (Specify) Washington Nat' Suitland, Md 9-29-1966 242 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)(20 M 1/66) carles DATE

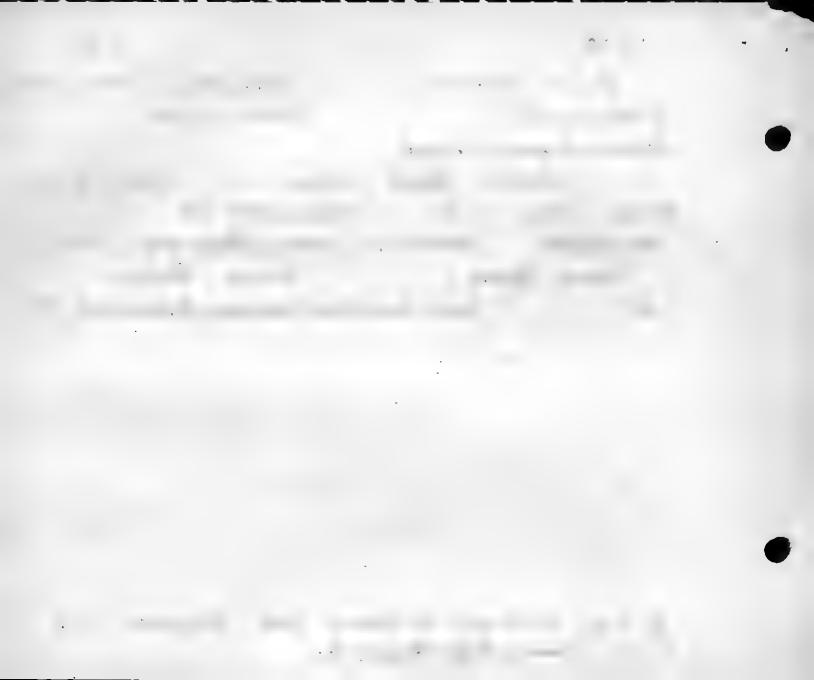




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY / after GEORGE MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b þ write RURAL and give nearest town) hours = RESTVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE bon papers within 72 ! ON A FARM? NO X YES completely f NAME OF Year Middle Last DATE Month DECEASED DF event. (Type or print) USBY DEATH 1966 AGE (In years | IFUNDER 1 YEAR IFUNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours any and WIDOWED DIVORCED (= 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT iclan 11. BIRTHPEACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY certificate be D DOMESTIC UISIA SEWORK FATHER'S NAME MOTHER'S MAIDEN NAME attending. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address **DEUNERAL DIRECTOR:** After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or death (Yes, no, or, unknown) (If yes give war or dates of service) BRANDYWINE INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
, IMMEDIATE CAUSE (a) or attending physician. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (C) CERTIFICATION 19. WAS AUTOPSY PERFORMED? FRMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT YES NO > the hospital 203. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) 20b. MEDICAL 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) TIME DF INJURY Month, Day, Year 20d, INJURY OCCURRED factory, street, office bidg., etc.) Hour a.m Not While be retained by at work at work ATTENDIN that (I) (we) last 21. I certify that (!) (this hospital) attended the deceased from and that death/occurred at M. from the causes and on the date stated above. saw the deceased alive on DATE/SIGNED 22a. SIGNATURE 22b. ATTENDING DIRECTOR TO HOST may Page 4 may Page 4 may Page 4 may Page 4 may Page 70 FUNERAL D 22c. PHYSICIAN'S NAME (Type) **ADDRESS** (State) 23d. 23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

OR A L

FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64



1	2	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	TATE	5" MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13151
HEALTH	DEPT.)	1. PLACE OF DEATH a. CDUNTY a. STATE b. COUNTY a. STATE
* > = 0	# # # # # # # # # # # # # # # # # # #	France Georges MARYLAND MA Fro Electrices
to the funeral ge 5 may be	l and 2 with the State Department event within 72 hours after death	b. CITY OR IDWN (if outside corporate limits, write RURAL and give nearest town) C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
SEN	epa	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREST ADDRESS e. IS RESIDENCE ON A FARM?
Page Page	ate i irs a	Prince Georges Teneral Hospital 184181-2014 are VES NO
and 3.	2 to	3. NAME OF First Middle Leet 4. DATE Month Day Year DECEASED 1.55 1.57 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.0
F. 2.	表記 表式	(Type or print) WESLEY E ANKE DEATH Sept. 30, 1966 5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Funder 1 Year IF UNDER 24 HRS.
th. It	2 wi with	MALE WHITE WIDOWED DIVORCED Rug 30, 1944 Last birthday) Months Deys Hours Min.
dea re Pa with	and	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. CITIZEN OF WHAT COUNTRY?
after . Giv	iny e	during most of working life, even if retired) TUDENTY INDUSTRY U OF MD 14. MOTHER'S NAME
ours n 18 e alc	pages 1	The Part w. manker alice & manker
24 h		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 4 (If yes give war or dates of service)
thin ncil in er's	permit. removal	722 217-44 1633 -stenley w, Marker Ajevarale, mo
AL EXAMINER. This certificate should be executed within 24 hours after death. If any del the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3.	rem rem	18. CAUSE DE DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
F. i.	burial-transit remation, or	DUE TO //
e exe endir edica	burial-tran cremation,	Conditions, if any, which gave rise to immediate (b)
of "p	a bui	cause (a), stating the DUE TO
wor Chi		underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
icate the	used as to burial	YES NO
iting led to	3 should be agent, prior	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES POOL NO. 20a. EXTERNAL CAUSE WAS PRIMARY STOT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) A CAUSE OF DEATH.
This wr	int, p	
icate e for	6 6 //	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, lour, a.m., lour, a.m.
AMIN Sertif	Pag mate	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection, Inquiry, and In my opinion
the ce shoul	TOR: desig	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner ,
- V =	Its its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
Y ME	14 C	EXAMINER'S TO SECOND 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D DEPUTY MEDIC please execute director. Page 4	FUNERAL DIRECTOR: Page	NAME (Type) 4 Address (Street, City, town, or county) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d. LOCATION (City, town or county)
dire dire	15 E	REMOVAL (Specify) Oct 3-1966 It Lincoln Cemetery Colman Manual Pro Teo Mid
ham	34	24. FUNERAL DIRECTOR 256. REGISTRAR 250. REGISTRAR'S SIGNATURE DATE OCT 4 1966 Icharles Judge
	A15ME (1)	FRINCES PORT STATE DATE UL! 4 1900 July



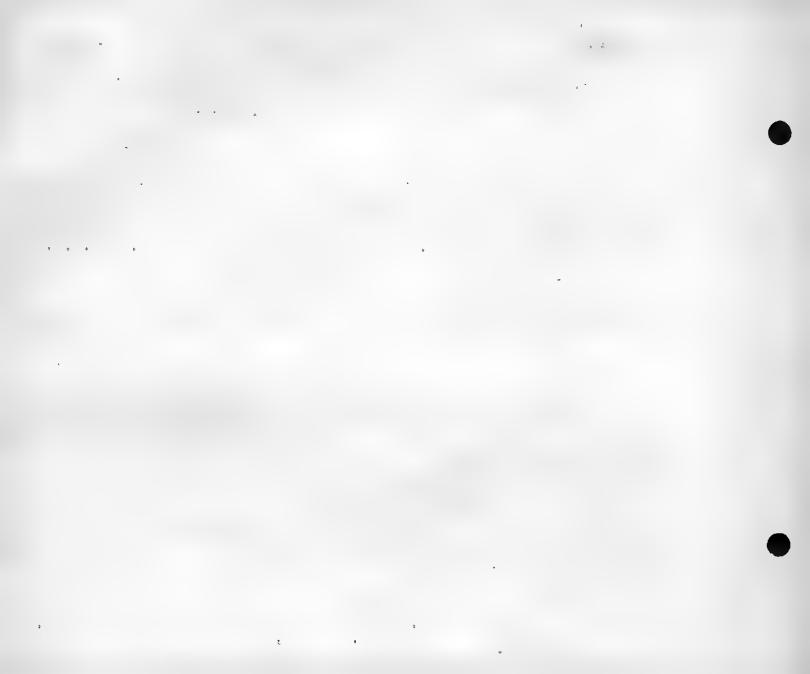
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death by the funeral requires that the deoth certificate be executed within 24 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY o. STATE 6. COUNTY PRINCE GEORGE'S MARYLAND E. LENGTH OF STAY IN 10 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate imits. 119 Days ARLINGTON d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 1687 N Longfellow St completely filled USAF HOSPITAL ANDREWS □ NO FX YES 4. DATE 3 NAME OF Middle Lost Month Year First Doy DECEASED NANCY D MANSS SEPTEMBER 1966 15 (Type or print) DEATH IF UNDER 1 YEAR S SEX B DATE OF BIRTH AGE (n years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** rthdoy) Months Days Haurs physician and con nen please removi noval and in any e 14 Sept. 1916 FEMALE CATI WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Lebanon, Tenn. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas B. Dozier Myrtle Foster Maj General Robert W. Manss, husband, same as 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((If yes give wor ar dates af service) 16. SOCIAL SECURITY NO 415-10-3677 signed by the atte burial-tronsit perm burial, cremotion, c INTERVAL BETWEEN TB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART | DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o). DUE TO Canditians, if any, which gove rise to immediate couse (o). **DUE TO** stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES DO NO O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Manth, Day, Year Not While factory, street, affice bldg., etc.) at work 21. I certify that (1) (MXXhaspital) attended the deceased fram 19MAY , 1966, to 15 SEP , 1966, that (4) (we) last saw the deceased alive an 15 SEP 1966, and that death accurred at 7447 M, fram causes and an the date stated above. , 1900, that (4) (we) last director, page 3 should should be filed with the 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** MED. DIRECTOR 15 Jept 65 Sersan M.D. PHYS 22d ADDRESS ANDREWS AFB, USAF HOSPITAL ANDREWS AFB, 22c. PHYSICIAN'S TEPERSON, CAPT, USAF, MC S. NAME (Type) DAVID 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Cincinnati 20 Sept 66 Spring Grove . Ohio 25a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS Funeral Home Arlington Funera 3901 N. Fairfax VR A15 (4) DATE 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #7,8 & 9 Proprietable 10/7/2010 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death completely filled in by the funeral 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Prince George's MARYLAND Maryland Maryland Prince George's

c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn) C. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits write RURAL and g ve neorest town)
Cheverly oon papers. Pag within 72 hours 34 days Lanham e IS RESIDENCE d STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? Prince George's General Hospital 8th & Main Streets YES NO 🔀 3 NAME OF DECEASED 4. DATE OF DEATH Middle First the attending physician and completely fish permit. Then please remains carban Last September V. Maske Carl and in any event. (Type or print) B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Male 6 COLOR OR RACE White 7. MARRIED NEVER MARRIED birthday) Months Days Hours Dec. 6, 1904 WIDOWED DIVORCED T 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRYS during most of working ite, even if retired)
Sheet metal mechanic Construction Co Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Eva Wilkenson Albert Maske 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED TO dates of service)
(Yes, na, ar unknown) (If yes give war or dates of service) burial-transit permit. burial, crematian, or re 10 9973 Patricia A. Smith Lanham, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TO FUNERAL DIRECTOR: After this certificate has been signed by attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO for use as the b f Health prior to b stating the underlying cause WAS AUTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES ** NO TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at work director, page 3 should be should be filed with the Stal 21. I certify that (I) (this haspital) attended the deceased fram August 27, 1966, to Sept. 30, 1966, that (I) (we) last saw the deceased alive an Sept. 30, 1966, and that death accurred at 8:40 M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS 22d. ADDRESS 22¢. PHYSICIAN S NAME (Type) James W. Harding, M.D. 7601 Riverdale Rd., Lanham, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) Mt Clivet Cemetery 1966 Washington D. C. Burial 25b. REGISTRARS SIGNATURES 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE DC F. Tasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH filled in by the funeral opposers. Pages 1 and 2 opposers. Pages 1 and 2 opposers after deoth. requires that the death certificate be executed within 24 haurs ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Prince Georges a. COUNTY o. STATE Mary land PrinceGeorges MARYLAND b. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest tawn) r LENGTH DE STAY IN 1h c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest tawn) 37 days Mt. Rainier Cheverly d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE DN A FARM? A STREET ADDRESS 4613 27th Street Prince Georges General Hospital YES NO TO NAME OF Middle 4. DATE Moath First Doy Year carbo DECEASED F Sept. 18 1966 (Type or print) John McCool DEATH IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX 6 CDLDR DR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED ge last birthday) Months Days Hours White WIDOWED DIVORCED 11 June 1886 80 Male In an ottending physician ond permit. Then please rem 12 CITIZEN DE WHAT 10a USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 1) BIRTHPLACE (County & State, or fareign country) during most of working life, even if refired)
Retired INDUSTRY CDUNTRY? Penna II.S Philadelphia. Govt 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ellen Mackin Thomas McCeol 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. Address (Yes, no, or unknown) (If yes give war or dates of service ď Hospital Records No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: burial-transit ONSEL AND DEATH IMMEDIATE CAUSE (a) þ DUE TO signed I Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause prior to f os the hos been last. WAS AUTOPS) PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ND TO FUNERAL DIRECTOR: After this certificate for 205. DESCRIBE HDW INJURY DECURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g ACC DENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAM, NER) (Stote) 20e. PLACE DF INJURY (Home, form, (City or tawn) (County) 20c. TIME DF INJURY Month, Day, Year Hour a.m. 20d INJURY DECURRED factory, street, affice bldg., etc.) Nat While ot work at work 21. I certify that (1) (this haspital) attended the deceased from AUG. should be retained 1900, and that death occurred at 1.20 Am from causes and on the date stated obave. saw the deceosed alive on 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR M.D. PHYS. PHYS director, poge should be filed 22d ADDRESS 22c. PHYSICIAN S TO HOSPITAL Poge 4 moy EASTER NAME (Type) DATE THEREDE NAME DE CEMETERY DR CREMATORY 23d LD CATION (City or Town) (County) (State) 23a. BURIAL, CREMATION. 20/1966 Philacelphia. St. Dominica Cometery Mt.Rainie + 250. RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Maryland VR A15 (4) Funeral 1966 20 M 1/66



2, and 3 ta P.M3. Page **O FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. Lite dages Land 2 with the State Department of Health or its designated agent, prior ta burial, cremation, ar remaval, and in any event within 72 haurs after death. gner's Office alang with form in Item 18. Give Pages 1, TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. necessary, please execute the certificate, writing the ward "pending" in pencil the funeral directar. Page 4 shauld be farwarded to the Chief Medicar TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit files, 5 may be retained for your

MARYLAND STATE DEPARTMENT OF HEALTH

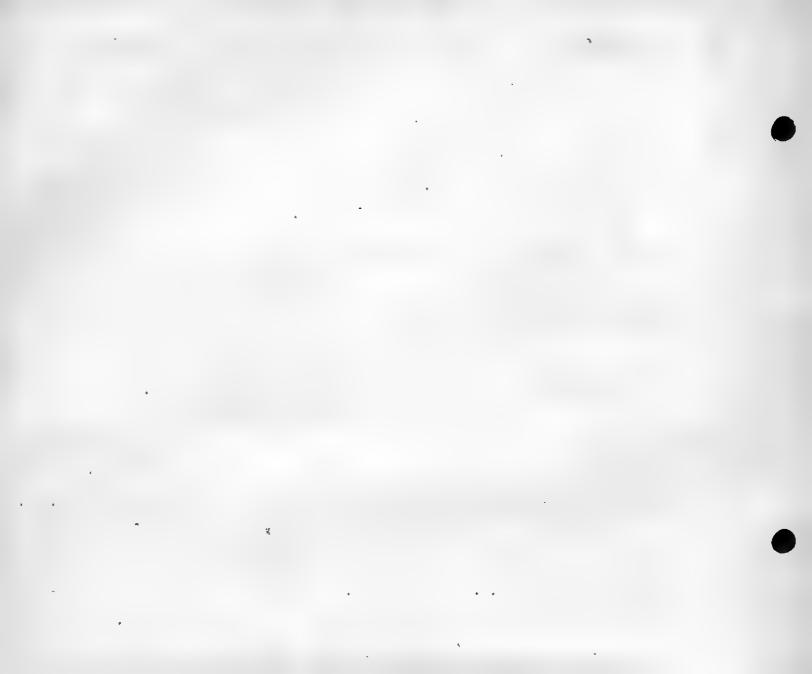
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13155

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1911 Kenilworth Avenue	d NAME OF	HOSPITAL OR INSTETUTION (If not in haspital,	give street address)	d STREET ADDRESS						
3 NAME OF DECEMBER OF DE	א וופו	enilworth Avenue		9039 Slign	Creek Parkway					
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13 FATERS NAME A MODIFIES MAIDEN NAME A MODIFIES MAIDEN NAME CLADYS ADVIS	100 US AL OCCU	PATION (G ve kind of work dane 10b)		11 BIRTHPLACE (State	or tareign country) 12					
18 FATHER'S NAME 14 MOTHES MAIDEN NAME 16 SOCIAL SECURITY NO. 17 INFORMANT 18 MAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT MCDONALD Address WICHITA FALLS 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 18 INTERVAL BETWEEN ONSET AND DEATH MINED ATE CAUSE (b) Burns - 95% of body surface INTERVAL BETWEEN ONSET AND DEATH MINED ATE CAUSE (c) Burns - 95% of body surface INTERVAL BETWEEN ONSET AND DEATH MINED ATE CAUSE (c) Burns - 95% of body surface INTERVAL BETWEEN ONSET AND DEATH MINED ATE CAUSE (c) Burns - 95% of body surface INTERVAL BETWEEN ONSET AND DEATH MINED ATE CAUSE (c) State ONSET AND DEATH MINED ATE CAUSE (c) ON THE TERMINAL DISEASE CONDITION GIVEN ON PART 1 (c) 19 MAS AUTOPSY YES \(\overline{1}\) NO 200 EXTERNAL CAUSE WAS 200 BOSCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) NO 201 THE OF INJURY MORNH, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) NO 202 THE OF INJURY MORNH, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) NO 203 THE OF INJURY MORNH, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) NO 204 INJURY OCCURRED 206 ON ORD 2	A Contact	es Immeruves W.	W. D. & RADIA CTA	TEX	AC	COUNTRY? U.S				
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State of Death (Inter only one couse per line for (a), (b), and (c)			SUCIAL SECURITY NO.	RISON MC	DONALD Address W	ICHITA FALLS				
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	L No		NKNOWN .	1.4		TEXAS				
Out to and Asphyriation Out to an analysis Out to a contribution of smoke Out to a contribution Out to a con	18 CAUSI	OF DEATH (Enter anly ane cause per line for	r (a), (b), and (c).)							
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Die to From gasoline fire during helicopter crash.	Conditions									
Soft County State County Coun	rise to ima	nediate cause (a)								
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PERFORMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY BY CONTRIBUTING CAUSE OF DEATH. Passenger in helicopter which crashed and burned. 20c Time of Injury Month, Day, Year Hour am 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2										
20c T ME OF INJURY Month, Day, Year 20c Place of MJURY (Home, form, office bldg, etc.) 20c Place of MJURY (Home, form, office bldg, etc.) 20c Place of MJURY (Home, form, office bldg, etc.) 20c Place of MJURY (Home, form, office bldg, etc.) 20c Place of MJURY (Lower form) 20c Place of MJURY (Home, form, office bldg, etc.) 20c Place of MJURY (Home, form, office bldg, etc.) 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: 22. Date signed 23. Date Signed 23. Date Signed 24. Funeral Director 25. REGISTRAR SIGNATURE	PART I O'	HER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY				
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21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural rauses, Accident , Suicide , Homilide , Undetermined monner . ACTUAL SIGNATURE	CAUSE OF L	Fas	ssenger in heli	copter which	h crashed and bur	ned . (Sauta)				
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural rauses, Accident , Suicide , Homilide , Undetermined monner . ACTUAL SIGNATURE	E ZVC T MCH	our a.m While	e A Nat White fact	ary, street, office bldg, etc.)		,,,				
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes, Accident , Suicide , Homitide , Undetermined monner . ACTUAL SIGNATURE	L43461	7 9 1 186 of wa	rk sclot work 1911	Kenilworth	Avenue. Prince Ge	eorge Co. Md.				
deoth resulted from: Natural causes, Accident x, Suicide , Homiède , Undetermined monner . ACTUAL SIGNATURE	21. I	21. L'certify that I toak charge of the remains described above, held an Autopsy 🕞 Inspection 🔂 Inquiry 🔂 and in my opinion								
ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town or county) 22. Date SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town or county) 9-2-66 23a BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Sporty) CREST VIEW MEM PARK WICHTA FALLS, TEXAS 24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ASSISTANT MEDICAL EXAMINER 25c. REGISTRAR 25b REGISTRAR 35 REGISTRAR										
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230 BUR AL CREMATION. 236 DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) REMOVAL (Sports) 6 SEPT 1966 CREST VIEW MEM PARK WICHITA FALLS TEXAS 24 FUNERAL DIRECTOR 250. RECO BY REGISTRAR 256 REGISTRAR 5 SIGNATURE			Discoudelle Hd			0016				
BREMOVAL SPENTY GSEPT 1966 CREST VIEW MEM PARK WICHITA FALLS, TEXAS										
24 FUNERAL DIRECTOR ADDRESS ADDRESS AS RECOVER REGISTRAR SIGNATURE		Specifical a 12 march			1	(County) (State)				
	BUR	BURIAL GOEFT 1966 CREST VIEW MEM TARKI WICHIA TALLS, TEXAS								
W. W. Chambers Go Tunerdale Mol. DATE SEP 8 1956 Charles Judge	24 FUNERAL I	IRECTOR	ADDRESS A			S SIGNATURE				
	111.111	Chambers Go	Turerdalo	VIOL DATE S	EP 8 1956 /	ares judge				

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH y filled in by the funeral on papers. Pages 1 and 2 within 72 hours after deatly requires that the deoth certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before agmission) PLACE OF DEATH a COJNTY o. STATE b. COUNTY Prince Georges MARYLAND b CITY OR TOWN (If autside carparate I mits LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Lutzd NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 705 Park Avenue Rt. 3 Box 1398 NO 3. NAME OF First Middle DATE Lost Month Day Year DECEASED Mabel Effie McReynolds 14 66 19 Type or print DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED ast hythday) Manths Days Haurs Auo white DIVORCED Female WIDOWED 10a LSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR U. 1. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY?S. Lecanto, Fla. FATHERS NAME 14. MOTHER'S MAIDEN NAME or remova Per Per signed by the attending buriol transit permit. Th 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) 261-28 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

Myocardial Infarction, acute. ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO 3 days Arteriosclerotic Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stoting the underlying cause Heart Disease as the prior to b hos been lost. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TA O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) O HOSPITAL OR ATT TOING PHYSICIAN Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) factory, street, affice bldg, etc.) Hour o.m. Nat While þ 19 66 to 9-14 19.66, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ 9-14plnous 9-14-66 _, and that death accurred at 8:15MM fram causes and an the date stated above. saw the deceased alive an_ 19 22b. DATE SIGNED 22a, SIGNATURE ATTENDING STAFF PHYS. director, poge 3 should be filed v M.D. DIRECTOR 9-1 4-66 PHYS 22d ADDRESS Richard Compton. M. 612 Main Street, Laurel. Maruland BURIAL CREMATION HAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) ADDRESS 2Sa. REC'D BY REGISTRAR 25. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR . VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE,1, MARYLAND CERTIFICATE OF DEATH the funeral hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTYPRINCE GEORGE a. STATE MARYLAND PRINCE GEORGE MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RUBAL and give nearest town) sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours 60 yrs Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 1026 Ward St. 1026 Ward St YES T NO 🔼 executed within 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF DEATH September 12. 1966 (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9, AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Jast birthday) Months Hours Feb.28,1886 Female Caucasian WIDOWED X DIVORCED [physician a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT cartificate be during most of working life, even if retired)
HOUSE WITE COUNTRY? Annapolis. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph or removal. George B. Duvall (deceased) Elizabeth Brown (deceased) Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

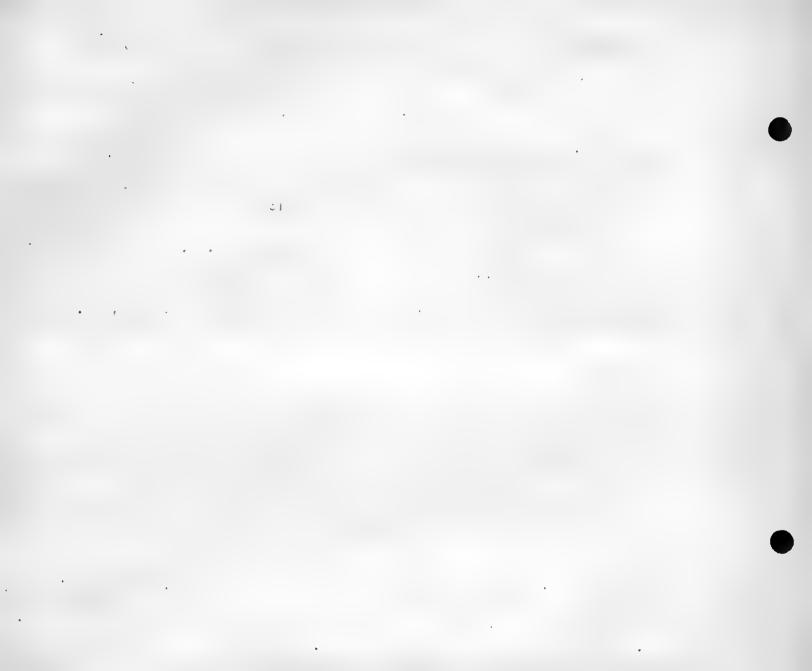
TO FUNERAL DIRECTOR: After this certificate has been signed by the after director, page 3 should be detached for use as the burial-transit permishould be filed with the State Dept. of Health prior to burial, cremation, o 218-20-0779 Mrs. Elizabeth C. Wines. same as INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSETAND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 19. WAS AUTOPS PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from A.M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M.D. ADDRESS PHYSICIAN'S NAME (Type) Warren, John George St., Laurel. Md. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. BURLAL (Specify) Sept.15.1966 HILL Cemetery. LAUREL Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR lianless 1966 VR A15 (4) Harold S. Made, 550 Wash. Blvd., Laurel, Maryland 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death puo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased leved, if institut on Residence before admission) and completely filled in by the funeral a COUNTY Prince George b. COUNTY Prince -Georgeo. STATE Maryland bon popers. Pages I within 72 hours after MARYLAND b. CITY OR TOWN (If autside corporate limits, crite RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Indian Head Maryland Days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? Prince George General Hospital RtE. 1. Box 30 YES . TI NO T corbon NAME OF First Middle Last 4. DATE Marth Doy Year DECEASED S 19 66 Minor Sept 11 John (Type or print) DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B DATE OF BIRTH NEVER MARRIED birthday) Dovs Hours 11-79 88 Male White DIVORCED or removol, and in any WIDOWED 10o JS JAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? please INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI hen requires that the death certi WAS DECEASED EVER IN J.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown). (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: muraliza IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave gang simi rise to immediate cause (o), DUE TO stating the underlying cause has been the last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🔽 NO [O FUNERAL DIRECTOR: After this certificate far 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) factory, street, affice bldg., etc.) Nat While at work at work 21. I certify that (1) (this haspital) attended the deceased fram 9-4-66, 19 9-11, 19 Gothat (1) (we) last ___, ta_ 19 66 and that death accurred at 10.35 AM from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE DATESIGNED ATTENDING MED DIRECTOR STAFF PHYS. M.D. PHYS , poge be filed ADDRESS 22d, 22c. PHYSICIAN'S NAME (Type) director, should b BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

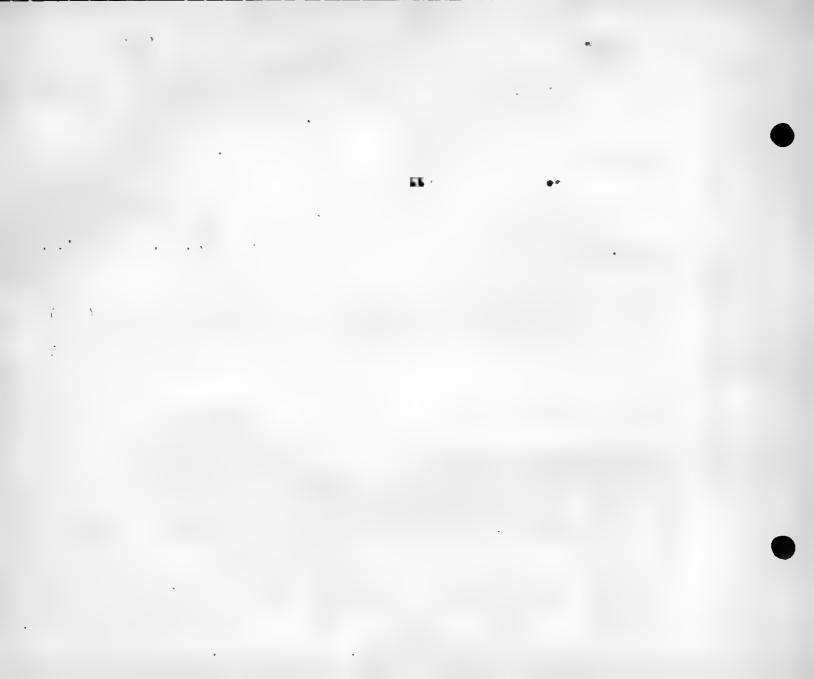


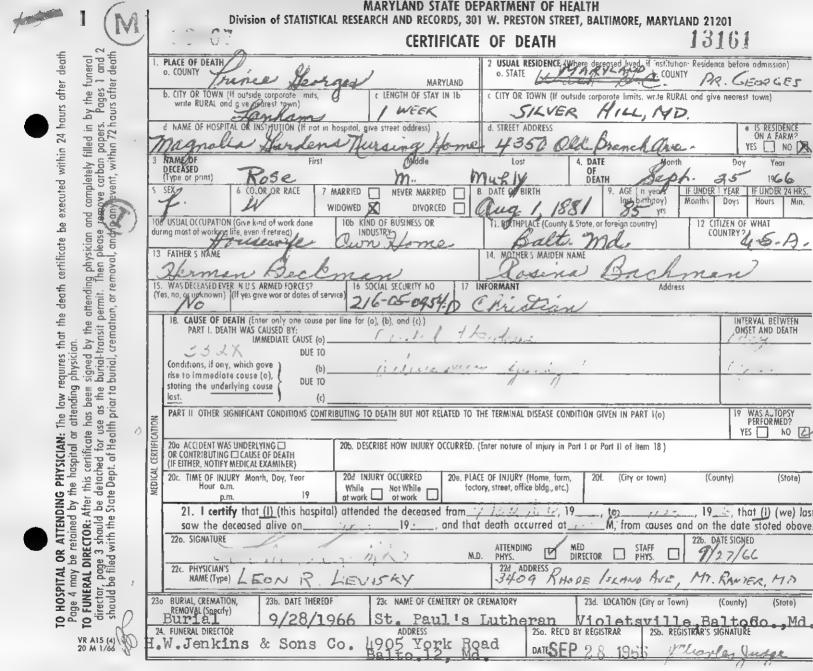
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13159 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral ser becase remave carban papers. Pages 1 and any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. CDUNTY o. STATE b. COUNTY Prince Georges MARYLAND Maryland Prince Georges b CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest fown) Cheverly 8 days Riverdale B IS RESIDENCE ON A FARM? d. NAME DE HOSPITAL DR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS YES NO D Prince Georges General Hospital Keni Iworkh 4. DATE 3 NAME OF Last Day Year OF DEATH DECEASED Reatrice Miskell (Type or print) Violet AGE (in years IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Manths Days Hours 11-27-13 WIDOWED DIVDRCED Female. White 1Da USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of morking ife, even if retired) INDUSTRY **COUNTRY?** U.S. Washington D. C. Housewife own home 13. FATHER'S NAME James E Grissette Florence Jones 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) diverdale, Md. 5.77-18-8767 Arthur S Miskell INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p 111.11 :: ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o). **DUE TO** as the prior to b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, farm, 20f (City or fawn) (County) (State) 2Dc TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED factory, street, office bldg , etc.) at work of work 21. I certify that (I) (this haspital) attended the deceased fram_____ , 19___, that (1) (we) last _ . ta _ _ _ _ Page 4 may be retained saw the deceased alive an 19, and that death accurred at 30AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE PHYS. M.D DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Prince George's Plaza, Hvattsville, Md Dr. Aaron Deitz 23d. LDCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Colmar danor Pro Geo Md. Ft Lincoln Cemetery Burial 25b. REGISTRAR S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Marley Judge VR A15 (4) F. Gasch's Sons Hyattsville, Maryland. DATE

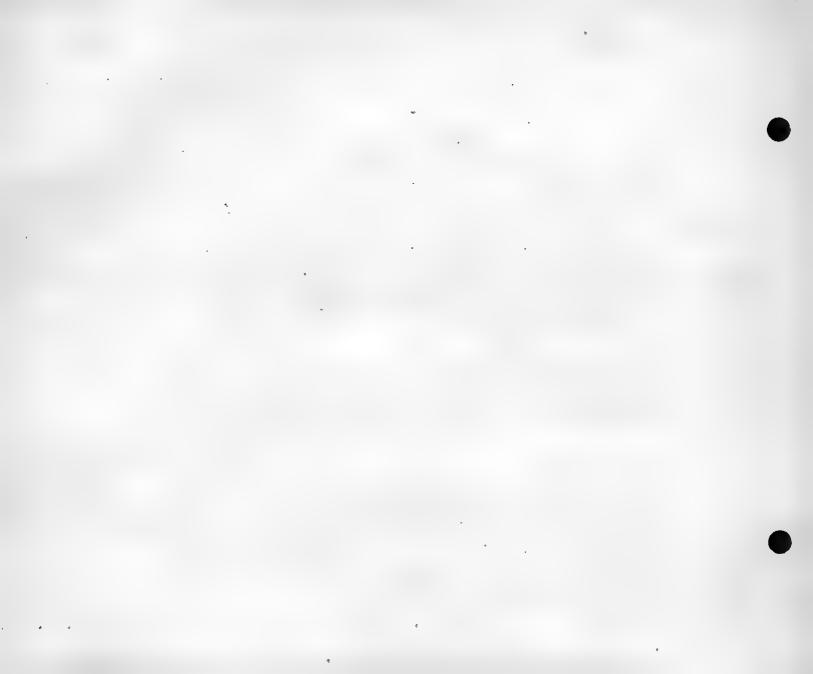


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13160 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and PLACE OF DEATH and completely filled in by the funeral remove carbon papers. Pages I and b county Prince Georges o. COUNTY ase remove carbon papers Pages I a nd in ony event, within 72 haurs aftend Prince Georges MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Piverdale c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 E. Riverdale d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) IS RESIDENCE ON A FARM? 5610 54th Ave. Fugene Leland Memorial Hospital YES NO X 3 NAME OF Middle 4. DATE Year First Lost Month Doy DECEASED (Type or print) 0F LEO SUMMERS MUDD 19 66 DEATH 1 YEAR IF UNDER 24 HRS. AGE (In years B. DATE OF BIRTH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost b'rthdoy) Months Dovs Hours White 6-1-84 Male WIDOWED DIVORCED 10c USUAL OCCUPATION (G ve k nd of work done during most of **lokes dip agnit e**tired)
GOV t. Service 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT INDUSTRY Retired U.S. A Charles County, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pauline Gwynn Henry Mudd burial, cremation, or rem 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (if yes give wor or dotes of service)
Yes ww 1 burial-transit permit. 218 34 5411 Mary Agnes Mudd Same as #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (e).) ONSET_AND_DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or ottending physician. DUE TO Conditions if ony, which gove rise to immediate cause (a), DUE TO for use as the L Health prior to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc) Not While of work ot work 1852 to 19 Ghat (I) (we) last 21. I certify that (I) (this haspited) attended the deceased fram_ 1966, and that death accurred at 353 M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE MED DIRECTOR STAFF MD PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, p 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) B CEMOVAL (Specify) 9/20/66 Arlington National Arlington Arlington Va. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 20 M 1/66 Meliziley 1946

MARYLAND STATE DEPARTMENT OF HEALTH







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ig physician and completely filled in by the funeral Washington, DO . COUNTY a. COUNTY a. STATE Prince George's burial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 haurs after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) Forestville, Maryland 5 Months Washington. DC. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 1217- Pleasant Street SE Regent Nursing Home NO E YES. 3. NAME OF DATE First Middle Year Day DECEASED (Type or print) 1966 DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In year last birthday) Months Hours Oct. 3-1881 WIDOWED XX DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, ar foreign country) 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY INDUSTRY Washington, DO Columbia Planograph Company 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Catherine Rose Benjamin M. Mundell IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT signed by the attending burial-transit permit. (Yes, na, or unknown) (If yes give wor or dotes of service Mrs. Slice M. Gousha - Same as # CAUSE OF DEATH (Enter only one couse per line for (A),
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony which gove rise to immediate cause (o). DUE TO far use as the l f Health prior ta b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH director, pare 3 should be detached should be fied with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year Haur a.m. foctory, street, affice bldq., etc.) While ot work L. ot work 2). I certify that (I) (this-hospital) attended the deceased fram_ 1966 to 9-28 _, 19.66, that (I) (we) last 1966, and that death accurred at 1103 M, from causes and on the date stated above saw the deceased alive an. 22b. DATE SIGNED 22o SIGNATURE M.D. DIRECTOR 22c. PHYSICIAN S NAME (Type) WASH 23c NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION DATE THEREOF (County) (Stote) REMOVAL (Specify) Burial Oct. 1st 1966 Mt. Olivet Cemetery Washington, DC. ADDRESS Wash. DC 250 RECD BY REGISTRAR 24. FUMERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Simmons Bros. Funeral Home 1661-Gd. Hope Rd. SE



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permity should be filed with the State Dept. of Health prior to burial, cremation, of	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. COCATION (City, town or county) (Sta	ite)				
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	24. FUNERAL DIRECTOR ADDRESS C ALL 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE					
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND Prince Georges Maryland Prince Georges
c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest from) requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (Hautside carparate limits c LENGTH OF STAY IN 1b. write RURAL and give negrest tawn) d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled in I e IS RESIDENCE remove carban papers ON A FARM? Prince Georges General Hospital YES NO 4003 Newton Street 3 NAME OF First Last DATE Year DECEASED Florence (Type or print) Myers DEATH Sept IF UNDER 1 YEAR tF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 OATE OF BIRTH AGE (In years lost birthdoy) Months Doys Hours DIVORCED WIDOWED White 13 Oct., 1889 **BFemale** 10a USUAL OCCUPATION (Give kind of work dane during mast af warking life, even if retired) 12 CITIZEN OF WHAT 1Db KiND OF BUSINESS OR 31 BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Washington D.C.

14. MOTHER'S MAIDEN NAME Harriett

Harritte Baker Homesewife Own Home U.S. Alaxanderia Brown 13. FATHER'S NAME burial, crematian, ar remava Daughter 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address Minnie V. Taylor Same as #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d). Page 4 may be retained by the haspital ar attending physician.

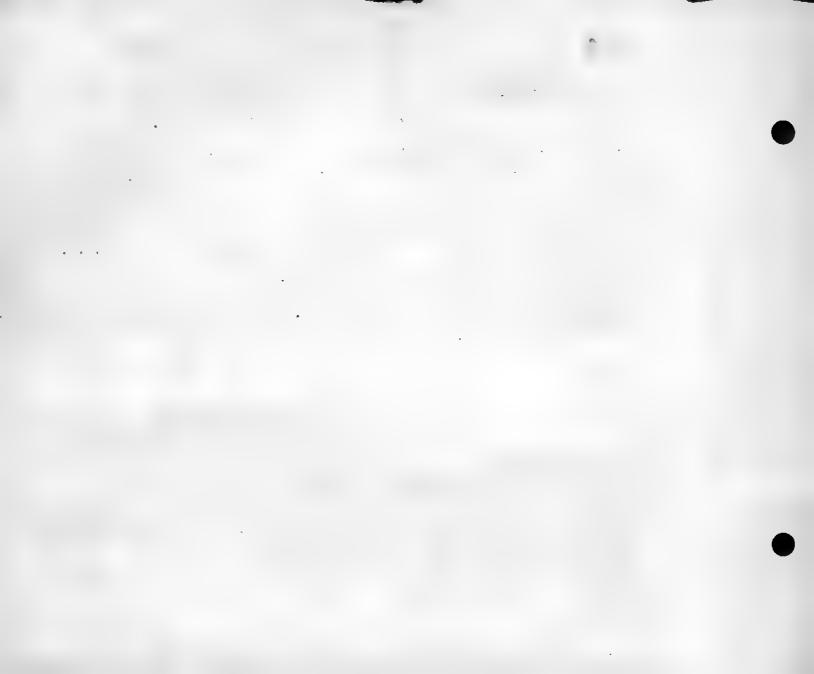
TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trans DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TO far use as the t Health priartat stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 152 NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20a ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factary, street, affice bldg, etc.) Hour a m. While Not While ot wark ot wark 21. I certify that (1) (this hospital) attended the deceased from Sept. 9, 1966, to Sept. 11, 19 66 that (1) (we) last saw the deceased alive an Sept. 11 19 66 and that death accurred dt. 50AMM, from causes and an the date stated obave director, page 3 shauld shauld be filed with the 22b. DATE SIGNED 22a. SIGNATURE 9/13/66 DIRECTOR fur M D PHYS. 22d. ADDRESS 22c PHYSICIAN NAME (Type) Edwin J. Jensen, M.D. Prince george's Genl. Hosp., Cheverly 23d. location (City or Town) Washington D. C. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, Busenioval (Specify) 23b. DATE THEREOF 9/14/66 Glenwood **ADORESS** 2Sa. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Md. 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death. funeral s 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND remove corbon papers. Pages 1 in ony event, within 72 hours after c, CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL ond give negrest town)
Glenn Dale (rural) 1 yr., 6 mos. Washington e IS RESIDENCE ON A FARM? .⊑ d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS filled i Glenn Dale Hospital 810 5th St., N. W. YES NO 🔀 ond completely fi remove corbon 4. DATE 3 NAME OF Middle Month Doy Year DECEASED William . Nalley 8 G. DEATH 19 66 Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthdoy) Hours 7/20/1903 White WIDOWED Male puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? during most of working life, even if retired) ottending physicion Trenton, N. J. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the ottending phy buriol-transit permit. Then buriol, cremotion, or removal John Nalley Mary Moody 15 WAS DECEASED EVER IN L. 5 ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 577-34-4607 Decedent INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) CHSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO Conditions, if any, which gove unknown (b) arteriosclerotic heart disease rise to immediate couse (a). DUE TO te has been s use os the lath stoting the underlying couse years lost (d generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? **10 FUNERAL DIRECTOR:** After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health is Pulmonary emphysema and fibrosis. NO X Page 4 may be retained by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 3/12/ 1965 ta 9/8/ , 19 66, that \$6 (we) last 21. I certify that (5) (this haspital) attended the deceased fram. 19 66, and that death accurred a 6:20 AM, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE 9/8/66 X M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss, M. D Glenn Dale, Md 23d LOCATION (City or Town) / (County) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL, CREMATION REMOVAL (Specify) Washington, D. C. Removal REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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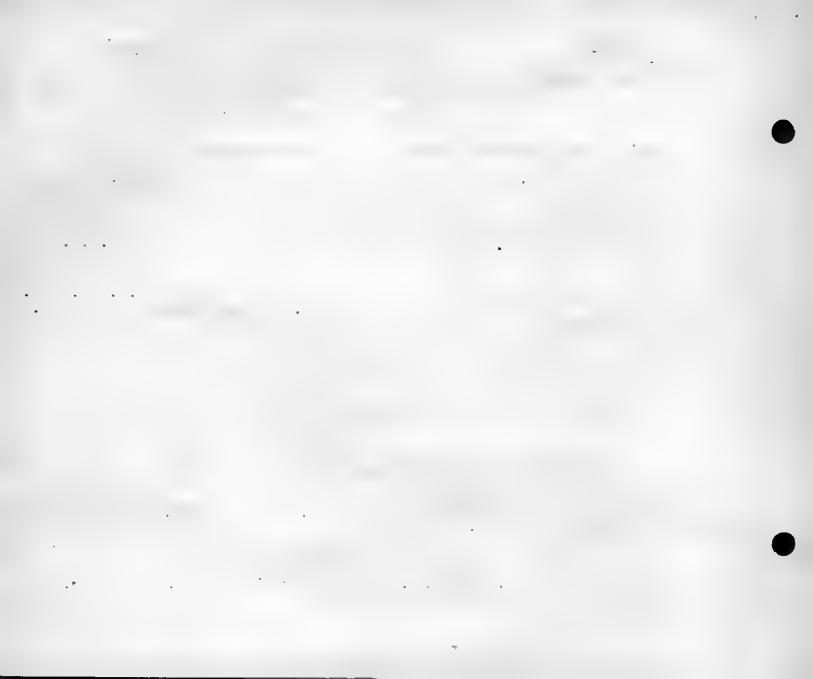
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X all	Division of STATISTICAL RESEARCH AND RECORDS, 391 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
XL	CERTIFICATE OF DEATH 13166	
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	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAE SECURITY NO. 17 INFORMANT Address es, no, or Jinknown) (If yes give wor or dates af service)	
	18. CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OF Acuse are managed in sufficiency Conditions, if only, which gove rise to immediate cause (a), stoting the underlying cause lost (c) Will liam E. Nitz 6842 Standish Drive Hamiltonian Constitution in Sufficiency In Sufficiency ONSET AND ONSET AN	TW FE W 27 DEATH
TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS ANY PERFORM YES ANY	NO [
CENTICITATION	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)	
MENICAR	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg, etc.) p.m. 19 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg, etc.)	(Stote)
ı	21. I certify that (I) (this haspital) attended the deceased fram 9-8 ///// , 19 66 to 9-4 , 1966, that (I)	
	saw the deceased alive an 19.66, and that death accurred at 3.45 M, from causes and an the date state 220 SIGNATURE M.D. ATTENDING DIRECTOR PHYS. DIRECTOR PHYS.	a abav
	220 PHYSIRIANS DR. PETER DUUS 220 ADDRESS CENTRAL AVENUE, HEIGHTS	MO
Dr. A	REMOVALED FUTTY SEPT. 8 1966 GRANDVIEW MEM. CEM. TAZEWELL, VA.	Stote)
	4 FUNERAL DIRECTOR MAN ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
Ľ	WSONG'S FUNERAL HOME- 1300 N ST. MW. WISH, D. CPATE 7 1966 PCL.	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death decit signed by the ottending the light ond completely filled in by the funeral burial-transit permit. Then beese remove carbon papers. Pages I and burial, cremation, or removal, and in any event, within 72 hours after degit PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Prince George's Prince George's MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c LENGTH OF STAY IN 16 8 hr. 45 min. Hillside Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George's General Hospital 1210 54th Avenue YES 🗔 NO. 3 NAME OF First Middle Last 4 DATE Month Year DECEASED Elizabeth W September 19 66 Owens 27 (Type or print) DEATH S SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthday) Days Haurs White Female 10-22-01 WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, at fareign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Housewife HOMEMAKER VTRGTNTA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN WALTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service NO Walter J. Owens Same as # 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH praistive IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gove (b) rse ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES XX NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Harne, farm, (City or town) (Caunty) (State) While Not While factory, street, office bldg., etc.) at wark at work 21. I certify that (I) (this hospital) attended the deceased fram Sept. 26, 1966, to Sept. 27, 1966, that (I) (we) last sow the deceased give on Sept. 27 1966, and that death occurred of 1:45 M, from causes and on the date stated above. 22g. SIGNATURE 22b DATE SIGNED ATTENDING Sept. 29, 1966 DIRECTOR 7601 Riverdale Rd., Lanham, Md. 22c PHYSICIAN'S W. Harding, M.D. James NAME (Type). 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION 23d. LOCATION (City or Town) (State) Cremation 10/1/66 Lees Crematory Washington 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR VR A15 (4) lianter DATE OCT St., NE Wash.DC 20 M 1/66 Wm. Lees Sons.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #23a FI CERTIFICATE OF DEATH Partricate be executed within 24 hours after death Jand PLACE OF DEATH physician and campletely filled in by the funeral en please remove carban papers. Pages 1_and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Prince George's Prince George's MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If outside corporate simits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 ve carban papers. Pag event, within 72 haurs Fairmont Heights Cheverly 10 days d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 716 58th Avenue YES NO 🔀 3 NAME OF 4 DATE First Middle Inst Month Doy Year DECEASED (Type or print) H Robert Palmer September 30 19 66 DEATH S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Dovs Hours and in any Male Negro K)K 10/6/86 WIDOWED DIVORCED 100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sight Seeing Oper. 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY S Maryland Seeing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal. Mannah ? Robert Palmer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Add ass E. Wn. D.C. the attendin permit. (Yes, na, or unknown) (If yes give war or dates af service 2414 Lawrence St. John S. Palmer 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS) PERFORMED? YES XX NO 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH directar, page 3 should be detached is should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or tawn) 20c. TIME OF INJURY Month, Doy, Year 20f. (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Not While at wark at work 21. I certify that (I) (this hospital) attended the deceased from Sept. 20, 1966, toSept. 30, 1966, that (I) (we) last saw the deceased alive an Sept. 30, 1966, and that death accurred at 8:55AM, from causes and an the date stated above. 220. SIGNATURE 22b, DATE SIGNED ATTENDING MED 22d ADDRESS 22c. PHYSICIAN'S James W. Harding, M. D. 7601 Riverdale Rd., Lanham, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stgte) REMOVAL (Specify) ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR CO Tax VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed o. COUNTY o. STATE Maryland b. COUNTY Prince George Prince George MARYLAND eral c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town)
CheverLy Bladensburg D.O.A. d NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION YES NO Prince George General 4101 53rd Avenue NO [NAME OF First Middle Month DECEASED 1966 September Louis Parker (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Male White 1-13-1910 Days Hours DIVORCED [сотрые WIDOWED | 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Painter most of working life, even if retired) Board of Education Wilmington, N. Car U.S.A. puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christopher Edward Parker Sudie Frances Mills physici IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Yes 1 944 Thomas of Salar of Hornica 578 05 4082 Carrie Lee Parker Same as affending | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO ģ Conditions, if ony, which gove rise to immediate Per DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? YES NO 7 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour o. m. While Not white p. m. at work at work 21. I certify that I ottended the deceased from 1/2/2 that I lost sow the deceased and that death occurred at 4 d olive on _M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL D may be retain D FUNERAL D page 3 shouk corc NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMMERON. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) -27-1966 Fort Myer. Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) DATE 15M 9/58

24



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUMIN a. STATE b. COUNTY. JE0 196 MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nealest town) write RURAL and give nearest town) never .⊆ bon papers. within 72 ho NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? NO YES within letely rbon p NAME OF First Middle Last 4. DATE Month Day Year DECEASED remove carb OF (Type or print) oseb DEATH Seb Hev 19 6. COLOR OR RACE 7. MARRIEO DATE OF BIRTH AGE (In years last birthday) JEUNOER 1 YEAR HEUNDER 24 HRS. NEVER MARRIED Months Days Hours WIDOWED DIVORCEO of the attending physician sit permit. Then please mation, or removal, and in Ξ 102. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY FATHER'S NAME death certificate 14. MOTHER'S MAJOEN NAME OWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address (Yes, no, or unkown) (If yes trive war or dates of service) Same cramation, NKNOWN been signed by the the burial-transit is or to burial, cramati CAUSE OF DEATH | Enter only one cause per line for (a), INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY 19. for use Health PERFORMEO? certificate the hospital or NO D YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) tached f OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by at work p.m. 19 at work the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the saw the deceased alive on and that déath occurred at .M. from the causes and on the date stated above. 222. 22b. OATE SIGNED page . DIRECTOR FUNERAL PHYSICIAN'S 22d. AODRESS director, p 23a. BURIAL, CREMATION, 1 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) OATE THEREOF (Specify) AOORESS 25a. REC'O BY REGISTRAR 25b. 66 VR A15 (4) DATE 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DEPT** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE District of Columbia Prince George MARYLAND lay is necessary, if 3 to the funeral Page 5 may be department fter death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Washing on DOA Depar after Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours 1254 Levis St. YES NO DE Prince George General Hospital any dela 2, and PM3. F Month 3. NAME OF First DATE Dey Middle Lest DECEASED Q 16 PARTI 19 66 (Type or print) Peterson James n 24 hours after death. If ar in Item 18. Give Pages 1, 2 office along with form P 2 with within DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED last birthday) Months Hours 32 DIVORCED [WIDOWED Dec .. yrs. Negro pages 1 and 2 in any event 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) **COUNTRY?** during most of working life, even if retired) Construction South Carolina TISA 14. MOTHER'S MAIDEN NAME Johnnie Peterson Amanda Harrison File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknwn) (If yes give war or dates of service) .⊑ Mrs. Evelina Peterson-1354 Levis removal. EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil in ould be forwarded to the Chief Medical Examiner's permit. No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or Minutes Drowning IMMEDIATE CAUSE (a) cremation, DUE TO Conditions. If any, which (b) gave rise to immediate DUE TO cause (a), stating the œ used as a to burial, underlying cause last. (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K YES -DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 3 should lagent, price Fell off log while crossing a creek 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, form, 20f. (City or (State) 20f. (City or town) (County) MEDICAL 20c. TIME OF INJURY Month, Day, Year the certificate, should be forw factory, street, office bldg., etc.) Hour a.m. Not While ABrook Greek of Pebble Drive Oxon Hill et work at work 9-17-64 7 - 55 nm 19 R: Page and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy inquiry -Inspection es. **Undetermined manner** RECTOR: Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER your w) execute Page 4 22. DATE SIGRED ACTUAL ASSISTANT MEDICAL EXAMINER = SIGNATURE for 0 DEPUTY MEDICAL EXAMINER 9-17-66 FUNERAL John Kehoe, M.D., Riverdale Health **EXAMINER'S** please ex director. retained Address (Street, city, town, or county) NAME (Type) (State) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION & 236 DATE THEREOF 23c. REMOVAL (Specify 0 0 Maryland Lincoln Memorial Ceme. 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO N.E Benning Rd. Home-400 VR A15ME 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH FOR ST MEDICAL DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND the funeral 5 may be Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) ay is 3 to Page State hours NO F YES 2, and PM3. del DATE Month Year NAME OF First 0 Middle Last Day DECEASED DEATH 19 (Type or print) 2 with within rs after death. If a 18. Give Pages 1, aboug with form F AGE (In years | IF UNDER 1 YEAR HF UNDER 24 HRS DATE SEX 6. COLOR 7. MARRIED NEVER MARRIED last birthday) Months Hours Days DIVORCED WIDOWED l and l 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. COUNTRY, INDUSTRY during most of working life, even if retired) pages l in any 13. FATHER'S NAME certificate should be executed within 24 hours iting the word "pending" in pencil in Item 18 led to the Chief Medical Examiner's Office all NKNOWN File 16' SOCIAL SECURITY NO. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) (If yes give war or dates of service) permit. I INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit r IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating G burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 1 YES [200 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) CERTIF 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. forwarded 3 should agent, pri (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) MEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year the certificate, factory, street, office bldg., etc.) Hour a.m. While Not While IRECTOR: Page its designated at work at work should be Inspection 12, and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Homicide Undetermined manner Suicide Natural causes Accident death resulted from: CHIEF MEDICAL EXAMINER VOUL 4 DATE SIGNED ACTUAL Page ASSISTANT MEDICAL EXAMINER SIGNATURE 0 ö for FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) (State) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. o to REMOVAL (Specify) Seven FOUNTAINS FUNERAL DIRECTOR
Lee Funeral Home 3004th St. 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR N.E. Wash. D.C. VR A15ME 3500 4-64

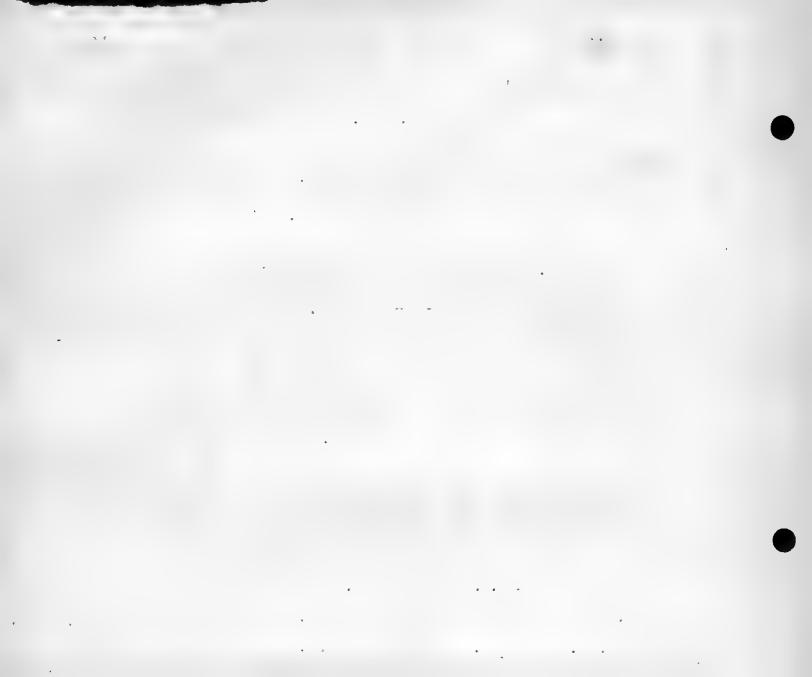


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATEM 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay 1 nd 3 to Page o. COUNTY o. STATE b. COUNTY Prince George's MARYLAND Marvland Prince George's b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) C LENGTH OF STAY N 1b gup write RURAL and give nearest town) after 1 Hillcrest Heights Hillcrest Heights S d NAME OF HOSP TAL DR INSTITUT DN (finat in haspital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS Del hours Item 18. Give Poges 9 3001 Branch Avenue 3001 Branch Avenue YES NO along with 3. NAME OF Middle DATE Lost Month Year DECEASED with the within 7 (Type or print) Milbert Jacob F. Potratz DEATH 19 66 6 CDLOR DR RACE 7 MARRED E DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED IF UNDER 24 HRS lost birthdov) Months Hours Days and 2 WIDOWED DIVORCED Male White Jan. 1918 10o. USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BiRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Watch Maker INDUSTRY COUNTRY? poges I in ony .⊆ South Dakota pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Potratz File Emelia Meidinger IS WAS DECEASED EVER N. S ARMED FORCES? 16 SOCAL SECURITY NO 17 INFORMANT This certificate should be executed Address removol, (Yes, no, or unknown) (If yes give wor or dotes of service) 475 14 8692 Violet G. Potratz pending WW 11 Korea Same as Item #2 Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN burial-tronsit PART I DEATH WAS CAUSED BY: ONSET AND DEATH Ъ IMMEDIATE CAUSE (6) Heart failure minutes s o burial-tro crematian, writing the word DUE TO Arteriosclerotic heart disease over 3 yrs. Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse 00 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAC DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? NO 3 should bent, prior 1 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 3B.) PRIMARY OF CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 201 (City or fown) (County) (Stote) Hour o.m. moy be retoined for your FUNERAL DIRECTOR: Poge Not White factory, street office bldg , etc.) ot work ot work 21. I certify that I took charge of the remains described above held on Autopsy ... Inspection x. Inquiry- . and in my opinion funeral director. death resulted fram: Natural causes [3] Accident Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER O DEPUTY ME **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE þ DEPUTY MEDICAL EXAM, NER 3 EXAMINER'S John Kehoe, M.D. Riverdale, Md. 9-12-66 5 moy 10 FUNE Address (Street, city, town, or county) the 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATIO (County) REMOVAL (Special Sept. 15-1966 Arlington Nat'l. Arlington, Virginia Cametery 25b. REGISTRAR'S SIGNATURE 250. REC D BY REGISTRAR Eno Bros. Miarley Judy VR A15ME (5) 5 1966 Simmons Bros. 1661-Good Hope Rd SE Wash DC 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE **EALTH DEP**觀 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) delay is and 3 to and 3 to AM3. Page a COUNTY o. STATE b (OUNTY Prince George's Prince George's MARYLAND Maryland b CTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN . b c CITY OR-TOWN (If autside carparate firm ts, write RURAL and give nearest town) e State Deportmone 72 hours ofter a Cheverly 1 hr.45min. Hillcrest Heights d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Item 18. Give Pages Prince George General Hospital 3318 Curtis Drive NO X 3 NAME OF 4 DATE Manth Year DECEASED with the within (Type or print) James Adam otteiger 19 66 DEATH S. SEX 6 COLOR OR RACE 7 MARR ED 8 DA E OF BIRTH 9 AGE (In years IF UNDER 24 HRS NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED Male White 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1) BIRTHPLACE (State or fareign country) 12 CT ZEN OF WHAT during most of working ite, even if retired)
Machinist **INDUSTRY** pencil in pages in any Pennsylvania
14 MOTHER'S MAIDEN NAME Navv Yard 13. FATHER'S NAME Harrison A. Potteiger Sarah Ringer 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT This certificate shauld be executed (Yes, na, ar unknown) (If yes give war or dates of service) e, writing the ward "pending" farwarded to the Chief Medica 218-05-4835 Mrs. Mabel Potteiger same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Heart failure hours s a burial-tro cremation, o Arteriosclerotic heart disease unknown Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? Huntingtons Chorea Over 1 year. NO X age 3 shauld be agent, priar t 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injusy in Port I or Part II of Item 18) PRIMARY OF CONTRIBUTING should DICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF NIJRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or fown) (County) (State) factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page et work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection , Inquiry X. and in my opinion Notural couses . Acadent . the funeral director death resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 10 FUNERAL Health ar 1 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. 9-6-66 Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BUR.AL CREMATION. (County) REMOVAL (Specify) Md. Washington Natil Prince Georges Co. 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Washington, D.C. VR ATSME (5) Н. Hines 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH FOR STATE MEDICAL EXAMINER'S HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH 2. a. COUNTY b. COUNTY a. STATE MARYLAND the funeral 5 may be c. CITY OR TOWN (If outside corporate limits, write RURAL and live nearest town b. CITY OR TOWN (if outside corporate limits, white RURAL and give nearest town) c. LENGTH OF STAY IN 1b e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 50 50 State hours NO M 20.00 2, and PM3. P DATI NAME OF Middle 4. DECEASED DEATH UISEN Werk 419 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Slast brithday) Months | Oavs | Hours | Min. 8. Give Pages I, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WICOWEO DIVORCEO 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY during most of working life, even if retired) along 13. FATHER'S pages in any MOTHER'S MAIDEN NAME File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unkown) | (If yes give war or dates of service) permit. in pencil INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause, per line for (a), (b), and (c) ONSET AND DEATH should be executed w word "pending" in pe Chief Medical Exami DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (a DUE TO Conditions. If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY 19. PERFORMED? YES K NO [the certificate, writing t should be forwarded to DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I 3 should lagent, pri CAUSE OF DEATH. (County) (State) . 20e, PLACE OF INJURY (Home, farm, I 20f. (City or town) WEDICAL 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg..etc.) Hour a.m. - Not While CTOR: Page designated at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ' Inquiry DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes Accident a waren CHIEF MEDICAL EXAMINER YOUF ACTUAL Page ASSISTANT MEDICAL EXAMINER SIGNATURE_/4 for 5 FUNERAL I DEPUTY MEDICAL EXAMINER IN DEPUTY **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) (State) NAME LOCATION (City, town or county) BURIAL, CREMATION, 23b. 0 em REC'D BY REGISTRAR 25b. PUNERAL DIRECTOR 25a. ADORESS 24. VR A15ME 3500 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the attending physician and completely filled in by the funeral ransit permit. <u>The</u>n please remove carban papers. Pages I and on de PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Prince George's MARYLAND b (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)

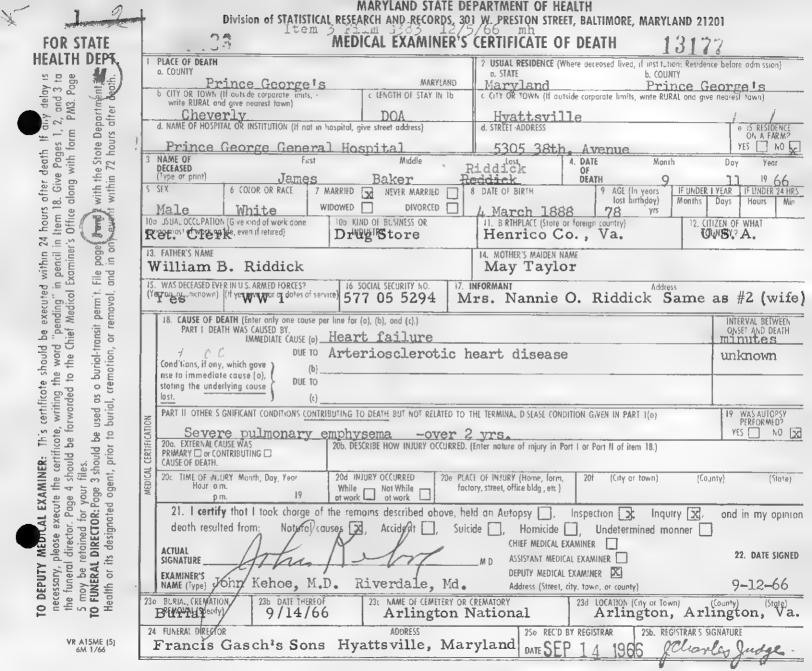
Cheverly c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Riverdale 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George's General Hospital 6828 Furman Parkway YES NO NAME OF Middle 4 DATE Month Year DECEASED OF DEATH Clarence н. Sept. 166 Prevatte (Type or print) 9. AGE (n years IF JNDER T YEAR I IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED June 11.1905 Male Cauc. 11. BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Lumberton, N. C.

14. MOTHER'S MAIDEN NAME Carpenter

13. FATHER'S NAME Bergman Construction U.S. Henry Prevatte Laura Baxley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, ar unknown) [(If yes give war or dates of service) 9 245-10-5275 Rebert L. Prevatte Lerten. Va. ne 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET, AND DEATH IMMEDIATE CAUSE (o) DUE TO signed b Conditions, if any, which gave (b) rise to immediate cause (o). DUE TO stating the underlying couse as the priar ta Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use NO 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory_street, office bldg , etc.) Not While ot work of work 21. I certify that (1) (this haspital) attended the deceased fram_ 19 66 and that death accurred at 10 391 from couses and on the date stated above saw the deceased alive an See 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) William D. Rosson, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) Fairfax Co. Virginia REGISTRAR | 25b. REGISTRAR'S SIGNATURE 9/7/1966 Mt. Cemfort Cemetery 25o. REC'D BY REGISTRAR 24. NUNERAL DIRECTOR EVERLY - WHEATLE VR A15 [4] DATE SEP ALEXANDRIA, 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH







1 (Na	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13178		
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 8. COUNTY b. COUNTY b. COUNTY		
ST 9 # 6	Openie XILGOSCA MARYLAND 1:5-15h		
is recessary, to the funeral response to the funeral response to the funeral response to the funeral response to the response	b. CITY DR TDWN (If outside corporate limits, c. LENCTH DF STAY IN 10 c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)		
the fire for the fire fire fire fire fire fire fire fir	d NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give street address) d. STREET ADDRESS / e. IS RESIDENCE		
nd 3 to nd 3 to Page . Page State E state E hours a	Frence Levie, Line of North RTT 17 17 201 VES NO DI		
dela and 3. P	3. NAME DF DECEASED FIrst Middle Last 4. DATE Month Day Year		
any c 2, ar PM3. In the	(Type or print) / C F PAT/ 1/2 HOLAS / 1009EL / J DEATH OCKES () 1966		
th. If a form if youthin	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DE BIRTH 9. ACE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.		
Aith With	10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
3. Giv	Ducis, stone that, buties I rune thomas of Ma USA		
n 18. in any	13, FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME PORFY		
24 ho Then Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((fyres give war or dates of service)		
within pencil ir miner's permit.	the 1/12 2/6-07-104/ Same to Din + pars		
d will ben amine peri	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1, DEATH WAS CAUSED BY: INTERVAL BETWEEN DNSET AND DEATH		
uld be executed i "pending" in sf Medical Exar a burial-transit cremation, or	DUE TD		
e exe endir edica ial-tr natio	Conditions, if any, which gave rise to immediate (a) Confict to the first of the fi		
uld b ef Me a bur crei	cause (a), stating the DUE TD		
shor word Chie as	underlying cause last.) (c) PART H. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
ficate shou the word the Chief used as a to burial,	YES NO [2]		
ting ed to d be	PART H. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ID THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? YES NO PRIMARY OF CONTRIBUTING CO		
ER: This a safe, write forward forward 3 shoull agent, p			
d age	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work		
the certific the certific t should be ir files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion		
the control should files.	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner , CHIEF MEDICAL EXAMINER		
MEDICAL EX ecute the c Page 4 shou or your files L DIRECTOR: or its design	ACTUAL SIGNATURE LA AND COLORS - M.D. ASSISTANT MEDICAL EXAMINER () 3 5 4 122 DATE SIGNED.		
Y N Sxe fo fo	DEPUTY MEDICAL EXAMINER		
O DEPUTY M please exec director. P director. P etained for of Health o	NAME (Type) Address (Street, city, town, or county) 23a, BURIAL, CREMATION, 23b, DATE THEREDF 23c, NAME OF CEMETERY OR CREMATORY, 23d, OCATION (City, town or county) (State)		
d of direction of Jo	BURYAL (Specify) 9-27-66 ARLINGTON NAT. ARLINGTON VA.		
	24. FUNERAL DIRECTOR ADDRESS		
VR A15ME 3500 4-64	HUNTT FUNERAL HOME, WALDORF, MD LDATE SEP 28 1966 Milarley Judge		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death iletely filled in by the funeral corban papers. Pages I and int, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH O. COUNTY PRINCE GEORGE'S MARYLAND CLENGTH OF STAY IN 1h c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, 1HR CLINTON e IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (15 nat in haspital, give street address) d STREET ADDRESS completely filled in HOSPITAL ANDREWS 7414 BALLARD DRIVE NO X YES Middle 4. DATE corban 3 NAME OF First Last Month Day Year OF DEATH DECEASED VELVA MARIE 22 SEPTEMBER 1966 RILEY (Type or print) F UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH last birthday) Months Days Hours CAUCASIAN FEMALE WIDOWED FEB 1917 and 12 CITIZEN OF WHAT 10g JSUAL OCCUPAT ON (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
HOUSEWIFE COUNTRY? ottending physicion permit. Then pleose ond U.S.A WASHINGTON D.C. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar removal, ALLIE C THOMPSON LILLIAN LOUISE FRAIN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates at service) RILEY-HUSBAND - SAME AS #2 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the buriol-tronsit puriol-tronsit puriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o' **DUE TO** Conditions, if any, which gave rise to immediate couse (a), DUF TO stating the underlying cause by the hospital or ottending be detached for use as the State Dept. of Health prior to hos been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour om. factory, street, affice bldg., etc.) Nat While at wark at work 19_58, to 22 SEP 21. 1 certify that XXX (this hospital) attended the deceased from 2 MARCH 1966, that XIX (we) last be retoined director, page 3 should should be filed with the 1966, and that death accurred at 15 M, from causes and an the date stated above saw the deceased alive an 22 SEP 22b. DATE SIGNED 220 SIGNATURE 22 SEP 66 DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S USAF HOSPITAL ANDREWS. ANDREWS NAME (Type WICHAEL L JORDAN CAPT USAF WASHINGTON D.C. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Congressional Cemetery Washington, DC. 26-1966 Burial 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Simmons Brothers VR A15 (4) 1661- Good Hope Road SE. Washington, DC DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEAD DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a_COUNTY b. COUNTY a. STATE after Rince GLOKG OGG TYMARYLAND Pages b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours write RURAL and give nearest town) 4 HSUI a Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 110 24 ON A FARM? H501, 85 NO L YES executed within etely carbon 3. NAME DE Middle Last DATE Month Day Year 4. DECEASED OF event, Carrie сошр (Type or print) DEATH 19 SEX 6. CDLOR DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove NEVER MARRIED 9. last birthday) any Months Days Hours and 11. BIRTHPLACE (County & State, or foreign country) WIDDWED [DIVORCED (sician lease ri and in .⊆ 10a USUAL DCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Washington.D.C. Housewife d removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending ph it permit. Then Henry Aue Wilhelmina Kelp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY ND. Address 능 (Yes, no, or unkown) (If yes give war or dates of service) been signed by the after the burial-transit permit for to burial, cremation, o Mrs. Helen Handley 7900 Glenside Dr. Takoma Park. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating prior underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? YES [NO THERRY. 40 the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of this MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (State) (County) factory, street, office bldg., etc.) be de State Hour a.m. Not While After Id be d While p.m. 19 at work at work D HOSPITAL OR ATTENDII Page 4 may be retained OIRECTOR: A age 3 should liked with the S 21. I certify that (i) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 15 M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE DATE SIGNED 22b. page : ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR HOSPITAL FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS director, p should be 1 NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. 23b. DATE THEREOF 23c. REMOVAL (Specify) burial rospect Washington D FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 (4) DATE 20M 1/65

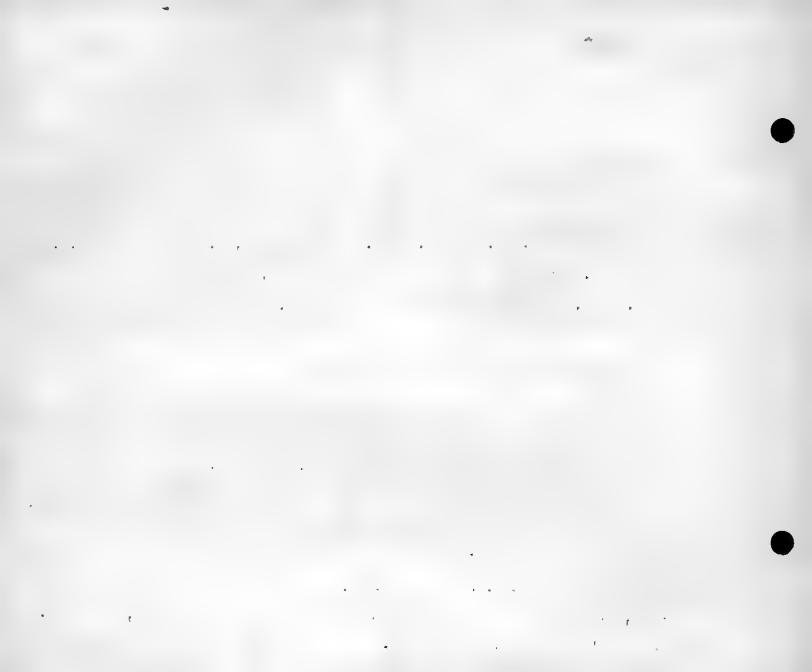


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death ottending physician and completely filled in by the funeral bermit. Then please remove carbon papers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Prince George's o STATE Maryland ease remove carbon papers. Pages 1 and in ony event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 14 hours Baltimore Cheverly e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital 5107 Edmonston Road YES NO 🔀 4 DATE NAME OF Middle Lost Month Doy Year DECEASED September 28 Bessie C Roberts 19 66 (Type or print) DEATH 8. DATE OF BIRTH AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** (yobhty,d Months Doys Hours White WIDOWED SE DIVORCED 9-29-84 Female 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote or foreign country) COUNTRY? during most of working life, even if retired) own home Ireland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or,removal, John Cochrane Martha Jane Vallace 17. INFORMANT Address 16 SOCIAL SECURITY NO. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 2.1.6 permit. William E Roberts 540 771 Cheverly. Md. no INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c))
PART I DEATH WAS CAUSED BY signed by the burial-transit p IMMEDIATE CAUSE (o) Pagm 4 may be metanmed by the haspital or attending physicion.

O FUNTRAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse for use as the b f Health prior to b 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) YES X NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While OR ATTENDING ot work of work 21 | certify that (I) (this hospital) ottended the deceosed from 9-27, 1966, to 9-27, 1966, that (I) (we lost saw the deceased alive on 9-27, 1966, and that death occurred at 5:10 M, fram causes and on the date stated above _, 1966, that (I) (we) lost saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE MED. STAFF director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S A-Doctz Hyattsville, Md. Geo Plaza NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION. Burial (Specify) Sept 30, 1966 Arlington National Arlington Virginia ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Hyattsville, Md. VR A15 (4) . Ga sch's Sons 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY d, Maryland Prince George's Prince George's MARYLAND partment after deat b CTY OR TOWN (If outside corporate limits write RURAL and give nearest town) c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 and PM3 DOA Seabrook Riverdale d STREET ADDRESS e IS RES DENCI d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) hours ON A FARM? alang with form NO-8. Give Pages ate 9521 Worrell Avenue Chambers Funeral Home after death 3. NAME OF 4. DATE Y ear DECEASED (Type or print) 19 66 Roberts DEATH Donald IF JNDER 1 YEAR 9 AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7 MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 19 July 1945 haurs Male White 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR U.S.A. Plan. Comm. Inotographer Md. Washington, D. C. in ony 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Charles L. Roberts Helen K. Cotner gud 17 INFORMANT Address 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO be executed (Yes not or unknown) lift yes give war or tales of service) crematian, ar remaval, 213 44 7242 Denise A. Roberts Same as # 2 Wife INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Drowning e, writing the word farwarded to the Ch This certificate should DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO F the certificate, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B) its designated agent, prior PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. Drowned when rubber raft capsized. 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20 Hyattsville, Maryland 9-14-1966 of work of work Creek behind 6400 block of Kenilworth Ave. 21 1 certify that I took charge of the remains described above, held on Autopsy [x], Inspection [x], Inquiry [x], and in my opinion Undetermined monner Natural couses Accident Tx Suicide . Homicide deoth resulted from: the funeral director CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be re FUNERAL (DEPUTY MEDICAL EXAMINER ... Health ar **EXAMINER'S** 9-15-66 John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town)
McEwensville, 23c NAME OF CEMETERY OR CREMATORY
McEwensville Cemetery 23b DATE THEREOF ((county) 230 BUREAL CREMATION Pa. Trans Proval Devotal 9/17/66 256. REGISTRAPS SIGNATURE Quelge 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE USUAL RESIDENCE (Where deceased lived, if institution: Besidence before admission) PLACE OF DEATH a. COUNTY b/county MARYLAND funeral may be C.CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town) averde l delay is nece and 3 to the f 3. Page 5 n e. IS RESIDENCE d. STREET NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? State hours a NO X YES 2, and PM3. NAME OF Middle 4. DATE Month DECEASED DEATH 19 (Type or print) 2 with with within AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS 5. SEX 6. COLOR OR RACE NEVER MARRIED last birthday) | Months | Hours DIVORCED event 12. CITIZEN OF WHAT Da. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY ucing most of working life, even if retired) along 13. FATHER'S NAME MOTHER'S MAIDEN NAME Address \ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ((fyes give war or dates of service) permit. removal, INTERVAL BETWEE! CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO DO YES ! DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) MEDICAL 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. - Not While at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🖂 inquiry Undetermined manner Natural causes Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER > FUNERAL f Health o **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORS 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 236. DATE THEREOF 23c. of Suitland, Pro Washington National Md. 1966 Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. VR A15ME 3500 4-64



	MARYLAND STATE DEPARTMENT OF HEALTH		
	Division of STATISTICAL RESEARCH AND RECORDS, 30	11 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
FOR STATE	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	13184
HEALTH DEPT	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Re	es dence before odmission)
:≥5 g 5€X	o. COUNTY Prince George's MARYLAND	Maryland Prince	George's
delay ana 3 t M3. Pag tment tment	b CITY OR TOWN (If outside corporate limits - c LENGTH OF STAY IN 16	C C TY OR TOWN (If outside corporate limits write RURAL on	id arve neorest town
2, and 3 to PM3. Page portment of after death	write RURAL and give nearest town) Cheverly DOA	Seat Pleasant	,
utry delay is , 2, and 3 to n PM3. Page reportment of s after death.	d NAME OF HOSP TAL OR INSTITUTION (If not un hospito, give street oddress)	d STREET AODRESS	e IS RES DENCE
	Prince George General Hospital	7005 D Street	YES NO SX
arth. age th f	3 NAME OF First Middle	Lost 4 DATE Month	Doy Year
r dear ve Pa g with g with in 72	DECEASED	Galsini OF 9	,
ofter d 8. Give olong v with the	S SEX 6 COLOR OR RACE / MARRIED NEVER MARRIED	8 OATE OF BIRTH 9 AGE (n years IF U	NOER I YEAR IF UNDER 24 HRS.
hours ofter death. I ltem 18. Give Pages Office olong with for and 2 with the State event within 72 hou	Female White WIDOWED DIVORCED	31 Dec. 1898 67 yrs Mon	this Doys Hours Min
hours tem 1 Office and 2 event	100 USUAL OCCL PATION (Give kind of work done) 10h KIND OF RIIS NESS OR		12 CITIZEN OF WHAT
	during most of working life, eyen if retired) Never Employed Nover Employed	Italy	COUNTRY? Italy
in 24	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	<u> </u>
omin de	Enrico Salsini	Maria Granda	
in per in	IS THE OPERATION OF THE PROPERTY OF THE OPERATION OF THE	INFORMANT Address	
rufe dico	(Yes, no. of unknown) (If yes give wor ar dotes of service)	rs. Arthur F. Rose 7005 D St.	Sent Pleasant
should be executer to word "pending" to the Chief Medical burial-transit permit. matian, or removol,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))		NIERVAL BETWEEN
be "pe" "pef	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure		ONSET AND DEATH
ord ord	OUE TO Hypertensive arte	riosclerotic heart disease	over 1 yr.
sho th urio	Conditions, if ony, which gove (b) (b)		
ate should g the word id to the C o buriol-tr crematian,	stoling the underlying cause DUE TO		
find Fing rdec os ol, c	lost. (c)		
INER: This certificate should be executed within 24 hours ofter death. e certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Exominer's Office along with tiles. 3 should be used as a burial-transit permit. File pages and 2 with the State int, prior to burial, cremation, or removal, and in eary event within 72 hours.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
This rate, se fo	To the state of th		YES NO X
두 그 끝인	200 EXTERNAL CAUSE WAS PR MARY Or CONTRIBUTING O	(Enter nature of injury in Port I or Port II of item 18)	
INER: I e certific should b files. 3 should a strough			
MEDICAL EXAMINER: lease execute the certi- director. Page 4 should stained for your files. DIRECTOR: Page 3 should stained for your files.	Q1 Have a ma 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF INJURY (Home, form 20f (City or town) ctory, street, office blag., etc.)	(County) (State)
L EXA ecute Page or you R* Page	p m. of work 🗀 of work		
MEDICAL EXA pleose execute director. Page estained for you DIRECTOR: Pog is designated o	21. I certify that I taak charge of the remains described above, hi		
MEDICA please e, director, etained DIRECTOR	death resulted fram: Natural causes, 😿 Accident 🗀, Sui	icide 🔲, Homicide 🔲, Undetermined manner	
MED leos dure dure dure de de	ACTUAL STATE OF STATE	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
9 2 2	SIGNATURE TO THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X	11. DAIL SIGNED
DEPUTY MEDICAL EXAM scessory, please execute the funeroi director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth or its des.gnated age	EXAMINER'S John Kehoe, M.D. Riverdale, Md.	Address (Street, city, town, or county)	9-12-66
O DEPUTY necessory, the funerol 5 may be 0 FUNERAL Health or i	230. BURIAL CREMATION 236 DATE THEREOF 23C. NAME OF CEMETERY OR		(County) (State)
5 g = ~ 5 g	Buria (party) / 9/14/66 Cedar Hill C		1 1/
B	24 FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS	2So. REC D BY REGISTRAR 2Sb REGISTRA	A PARTITAMEN 2 2'AL
VR A15ME (5) 6M 1/66	4308 Suitland Rd. Suitland Md.	DATE SEP 19 1966 40	liarles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH deoth. requires that the death certificate be executed within 24 hours after death. and campletely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o STATE Maryland Prince George's Prince George's MARYLAND (CITY OR TOWN (If guitside carparate limits, write RURA) and give negrest town) b. CITY OR TOWN (If guts de carparate limits. CLENGTH OF STAY IN 16 write RURAL and give negrest tawn) District Heights Cheverly 15 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS 7536 Atwood Apt. 11 Prince George's General Hospital YES NO I NAME OF 4 DATE First Dov Year DECEASED (Type or print) OF DEATH September 16 19 66 Shelton Samue 1 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH AGE fin years S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Dovs Hours 1/25/1885 White Male WIDOWED . DIVORCED 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) COUNTRY? den please INDUSTRY WASH. GUN FACTURE MOLDER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNK Shelton, Hallan Hale, FLA INFORMANT WAS DECEASED EVER IN L. S. ARMED FORCESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown). (if yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse the 10 FUNERAL DIRECTOR: After this certificate has been edenta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTIFICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIO 19. WAS AUTOPS? PERFORMED? NO far 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg , etc.) Not While of wark at wark 21. I certify that (1) (this hospital) ottended the deceased from 9/1 1966 to 9/16 19_66 that (I) (we) last 19.66, and that death occurred at 5:20 M, from couses and on the date stated above. saw the deceased alive an 9/16 22g. SIGNATURE 22b DATE SIGNED DIRECTOR PHYS PHYS. 22c. PHYSICIAN'S 22d_ADDRESS NAME (Type) RINCE HARDING 23 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d/LOCATION (City or Town) (County) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. VR A15 (4) Miarles

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14642 CERTIFICATE OF DEATH funeral I and 2 ter death? requires that the death certificate be executed within 24 haurs after death. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE D. b. COUNTY a. COUNTY Prince Georges place remove carban papers. Pages I godd in any event, within 72 haurs after MARYLAND C LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Glenn Dale (rural) Washington lvr., llmos., 6 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addressed & e IS RESIDENCE ON A FARM? filled in 1 d. STREET ADDRESS Glenn Dale Hospital #13 P St., N. E. YES NO TE 3. NAME OF Middle DATE Last Doy Year First DECEASED 29 Smith 1966 Sept. Aaron DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Months Days Hours separated 8/20/1900 WIDOWED Male Negro 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done Ob. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) during most of working life, even if refired)

Porter COUNTRY? INDUSTRY N. Carolina Peoples Drug Store 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Amanda Smith (maiden name unknown) signed by the attending pl burial-transit permit. Then burial, crematian, ar remain Eli Smith IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17 INFORMANT Address 16 SOCIAL SECURITY NO Decedent unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CAUSED BY: OMEDIATE CAUSE for Sudden death probably due to arteriosclerotic Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cres sudden DUE TO heart disease. Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse unknown Generalized arteriosclerosis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 Cerebro- 19. vascular accident with right hemiplegia 2/64; pulmonary tuberculosis, moderately advanced, quiescent. WAS AUTOPSY PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Caunty) (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) at wark 19 at work 10/23/___1964 . ta 9/29/ 19 66 that #) (we) last 2]. I certify that (this haspital) attended the deceased fram. 19.66, and that death accurred at 3.40 PM, from causes and an the date stated above. 9/29/ saw the deceased alive an-22b. DATE SIGNED 9/29/66 22g. SIGNATURE STAFF PHYS. × DIRECTOR M.D. PHYS 22d ADDRESSGlenn Dale Hospital 22c. PHYSICIAN'S Glen n Dale, Md. NAME (Type) Moe Weiss. M. D. 23d MXAHON (City of DWIT) 23b DATE THEREOF NAME, OF CEMETERY- QR-CREMATORY 230 BURIAL CREMATION, removal (Specify) 2 2Sb. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) Milanelen 20 M 1/66

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY COLUMBIA PRINCE GEORGE'S the state MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) write RURAL and give nearest town) ANDREWS AIR FORCE 11 DAYS WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? USAF HOSPITAL ANDREWS 831 BELLEVUE YES NO K 3 NAME OF Middle DATE 4. DECEASED OF (Type or print) DEATH SEPTEMBER JAMES WESLEY SMITH 10 1966 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER I YEAR IF JNDER 24 HRS. and last birthday) Months MALE NEGROID WIDOWED | DIVORCED T FEB physician 10a. USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & Sieta, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) airman - RETIRED U.S. AIR FORCE HOUSTON, TEXAS U.S.A. attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN SMITH CAMPBELL BESSTE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordetasofservice) 1943-1965 461-28-3296 SHEBA SMITH SAME AS #2 ABOVE permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (*) ACUTE MYOCARDIAL INFARCTION DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO T 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 Month, Day, Year 20f. (City or town) (County) (Stata) While Not While factory, streat, office bldg., etc.) Hour e.m. at work et work SEP 21. I certify that (IK(this hospital) attended the deceased from 3.1 19.66 Ö 19 .. 6 6 hat (1) (** last 19 66 and that death occurred at 2.2 M. from the causes and on the date stated above. saw the deceased alive on. P 22m. SIGNATURE 22b. DATE ATTENDING MED. 6 6 PHYS. KX SEP DIRECTOR PHYS. M.D death. Page O FUNERA director, page be filed with HOSPITAL 22d. ADDRESS USAF ANDREWS TMAN, CAPT, USAF 20331 AFB. WASHINGT 23d. LOCATION (City, town or county) [Stete] 23c/ MAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 1 256, REGISTRAR'S SIGNATURE VR A15 [4] 15M 7/61

24

executed

death certificate

requires that

HOSPITA



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **MEDICAL EXAMINER'S** CERTIFICATE NF DEATH HEALTH DEPT: PLACE OF DEATH. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE b. CDUNTY MARYLAND funeral b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside/gorporate limits, write RURAL end give neerest town) c. LENGTH DF STAY IN 1b тау write RURAL and give nearest town) the 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital glye street eddress) d. STREET B. IS RESIDENCE ON A FARM? ADDRESS Sage Page State hours CLILL ND S 24-1 YES and 13. NAME OF 3. DATE Day Middle 4. Month Year DECEASED OF DEATH (Type or print) 19 2 with within after leath. If a Sive Pages 1, ong with form I 5. SEX 6. COLDR DR RACE AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS Last birthdey) Months Days Hours Min. OATE OF BIRTH 8. 7. MARRIED NEVER MARRIED WIDOWED [DIVORCED event BIRTHPLACE (State or forest Country) 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR during most of working life, eyen if retired) / /NDUSTRY 12. CITIZEN OF WHAT 11. along FATHER'S NAME MOTHER'S MAIDEN 14. Item Office 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. IRFORMANT permit. (Yes, no, or unkown) (If yes give war or dates of service) certificate should be executed within thing the word "pending" in pencil is led to the Chief Medical Examiner's INTERVAL BETWEEN CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c). **DNSET AND DEATH** PART I, DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating the used as a to burial, Ø underlying cause last (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY CERTIFICATION PERFORMED? NO NO writing to YES DESCRIBE HOW INJURY DCCURRED. (Enter neture of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS 20b. PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should be agent, price MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURREO | 20e. PLACE DF INJURY (Home, farm, I 20f. (City or town) (County) (State) the certificate, should be forw factory, street, office bldg., etc.) Hour a.m. While Not While GTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry files. IRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER Your Page ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURB FUNERAL D for 0 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** retained director. Address (Street, city, town, or county) ins Buc D NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION.) 23b. 0.0 REMDVAL (Specify) Suitland, Md. Cedar Hill Cemetery Funerationes Mt. Rainier | 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 66 VR A15ME Inc Home DATE 3500 4-64



	DIVISION OF STATISTICAL RESEA		E OF DEATH	eet, baltimore 1, marylan 13188
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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OR ATTENDING be ratained by the INECTOR: After the 3 should be died with the State	21. I certify that (1) (this hospital) attended the deceased fram 27 SEP , 1966, to 29 SEP , 1966, that (1) (we) last saw the deceased alive an 29 SEP 1966, and that death accurred at 8:19M, from causes and an the date stated above.
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O HOSPITAL OR Page 4 may be 1 O FUNERAL DIR director, page 3 shauld be filed 1	Burial 10/4/66 Arlington National Arlington Virginia
VR A15 (4) . 20 M 1/66	24. FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 2Sq. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
20 M 1/00	4308 Suitland Rd. Suitland, Md. DATE ULI 4 1966 fluorles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY a. STATE Maryland b. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by Page davs Marlowe Heights Cheverly 드 papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's General Hospital 6009 28th Ave. within YES NO completely executed within carbon NAME DE Middle Last DATE Month Day DECEASED Baby Boy Robert (Type or print) Summers DEATH September 10. 19 66 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | X and con DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months Hours any Male White Sept. 7-1966 WIDOWED [DIVORCED [Ξ. 10a. USUAL OCCUPATION (Give kind of work done I 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? Maryland 75 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME XXXXXXX Jimmy Summers Linda Raybold 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attenit 5 been signed by the ath the burial-transit permi or to burial, cremation, o Jimmv Summers Sameas Item No. 2 D. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ulimpy cuy the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. 33 CERTIMICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES -NO [20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert 1 or Part 11 of Item 18.) tached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. retained DIRECTOR: A age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from Sept. 7, 1966, to Sept. 10, 1966, that (I) (we) last 19_66, and that death occurred at : 30 M, from the causes and on the date stated above. saw the deceased alive on Senta 10 22b. DATE SIGNED 22a. SIGNATURE Sept. 10, 1966 DIRECTOR E E FUNERAL PHYSICIAN'S NAME (Type) 22c. director, p should be Bruno Kolega, M.D. 4400 Stamp Rd., Washington, D.C. 20031 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) Sept. Cedar Hill Cemetery Suitland, Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR AI5 (4) Hope_Rd_SE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death and funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PRINCE GEORGE'S GEORGE'S remove carban papers. Pages I in any event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) BASE N/A FORRESTVILLE e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ⊆. USAF HOSPITAL ANDREWS 3709 79th AVENUE NO X YES 3 NAME OF Middle 4. DATE Month Year Lost Day DECEASED (Type or print) OF DEATHS EPTEMBER TANNER LUCILLE ELIZABETH 20 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 5 SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 8 DATE OF BIRTH lost birthdovi Months Dovs Hours FEMALE CAUCASIAN WIDOWED DIVORCED AUG 1923 100 USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
CLERK TYPIST COUNTRY? BUREAU U.S. MC HENRY, ILLINOIS 13. FATHER S NAME 14 MOTHER S MAIDEN NAME page 3 shauld be defached far use as the burial-transit permit. These filed with the State Dept. af Health priar ta burial, cremation, ar remain UNKNOWN HELEN FRIEND IS WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war at dates of service) 344-12-5455 VARNEY E TANNER-HUSBAND-SAME AS NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SIDE IMMEDIATE CAUSE (a) CORONARY INSUFFICIENCY Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave nse to immediate couse (o). RSE DUE TO stoting the underlying couse **DIRECTOR:** After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 낊 NO 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) S 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg , etc) Nat While at work 21. I certify that XIK this haspital) attended the deceased from 25 JUN ____, 19.6.3_, to 2.0__ SEP_____, 19.6.6_, that 10 (we) last 19.66, and that death accurred at 7.40M, from causes and an the date stated above saw the deceased alive an 8 JUL 22a SIONATURE 22b. DATE SIGNED STAFF ATTENDING XX 20 SEP 66 M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESSUSAF HOSPITAL ANDREWS 22c. PHYSICIAN FUNERAL NAME (Type) JOSEPH .CAPT.USAF.MC ANDREWS AFR WASHINGTON DC 2033 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, EREMATION, 23b DATE THEREOF Mc Henry Mc Henry BUTTAL (Specify) Illinois 9-26-66 9 Maryland 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Wilhelm Funeral Home 4308 Suitland Rd Suitland DATE SEP 20 M 1/66

ITEM #21 CONTINUED: MRS TANNER WAS LAST SEEN ALIVE AT THIS HOSPITAL ON 8 JUL 66. SHE WAS BROUGHT INTO THE EMERGENCY ROOM AT THIS HOSPITAL ON 20 SEPTEMBER 1966 AND PROUNCED DEAD ON ARRIVAL AT 7:40 P.M. PATIENT WAS BROUGHT INTO THE HOSPITAL BY THE FORRESTVILLE RESCUE SQUAD.

DR. KEHOE NOTIFIED AND WILL APPROVED

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13194 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and nation, ar removal, and my event, within 72 hours offended. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY n. STATE b. COUNTY Prince George's Maryland Prince George's MARYLAND c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cheverly c LENGTH OF STAY IN 16 9 hrs. 40 min. Cottage City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4001 Parkwood Street YES NO [Prince George's General Hospital Middle 3 NAME OF Last 4 DATE Month DECEASED (Type or print) Baby Boy Taylor DEATH 19 66 IF JNDER 24 HRS. 9. AGF (In years IF LINDER 1 YEAR S SEX 4 COLOR OR RACE 7 MARRIED NEVER MARRIED X 8 DATE OF BIRTH last birthdov) Months Davs Hours White WIDOWED DIVORCED 9-7-66 Male 40 10b KIND OF BUSINESS OR 11 81RTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? MSN신화 Prince George's. Md. U.S. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Karen Ann Unrub George B. Tavlor 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16. SOCIAL SECURITY NO. Address burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) Mother As above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) O FUNERAL DIRECTOR: After this certificate has been signed by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse detached far use as the te Dept. af Health prior ta PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of miury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg , etc.) of work ot work Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram 9/7 saw the deceased alive an_ 22o. SIGNATURE MED STAFF PHYS. M.D director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S . Jensen, M.D. Prince George's Genl. Hosp., Cheverly, Md NAME (Type) 23c 'NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. 8URIAL, (REMATION, Cremation 23b. DATE THEREOF (Stote) 9/24/66 Cheverly
ISTRAR ZSB. REGISTRAR S SIGNATURE Prince George's Gen Hosp 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 1966 William A'. 20 M 1/66 Parker Admin Cheverly



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH\DEM PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, f institution; Residence before admission) o. CDUNTY o. STATE b. COUNTY 2, and 3 to PM3. Poge Prince George's MARYLAND Marvland Prince George's c CITY DR TOWN (If outs de corporate 1.mits; write RURAL and give nearest town) b CITY OR TOWN (f outside corporate mits, c IFNGTH OF STAY N Ib write RURAL and give negrest town) ofter Cheverly DOA Forestville d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? hours Pages NO IX Prince George General Hospital 1173 Gray Eagle Drive olong with 3 NAME OF Middle Lost 4. DATE Month DECEASED (Type or print) Fulton DEATH Robert. Thomas S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years lost birthday) Months Hours |te≡ |8 WIDOWED DIVORCED May 1946 Office White Male 1Do USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 12. C TIZEN OF WHAT IDE KIND OF BUSINESS OR INDUSTRY Washington D.C. Telephone Lineman .⊆ Chief Medical Examiner's dn pager in an penci i 14. MOTHER 5 MAIDEN NAME 13. FATHER'S NAME Inez Hunt Bertus D. Thomas

IS WAS DECEASED EVER IN U.S ARMED FORCES? and 16. SOCIAL SECURITY NO 17. INFORMANT [Yes, no, or unknown) [(If yes give wor or dotes of service removol, Diana R. Thomas 1173 Gray Eagle Drive No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Б Electrocution IMMED ATE CAUSE (6) used as a buriol-tra burial, cremation, a This certificate shauld writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ΝO 2Do EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter notuse of injury in Port I or Port II of item 18.) 3 should CAUSE OF DEATH Operator of crane which touched high voltage wire. MEDICAL 2De PLACE OF NJURY (Home form, 20t (Cty or town Md (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJRY OCCURRED (Stote) Hour om. 9-7- 19 66 of work of work of work of Not While Rt. 214. 2 miles east of Rt. 301. Upper Marl-FUNERAL DIRECTOR: Poge 21 1 certify that I taak charge of the remains described above, held an Autapsy ... Inspection , Inquiry , and in my opinian Nataral causes . Actident X Undetermined manner deoth resulted from. Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE moy be TO DEPUTY DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** NAME (Type) John/Kehoe. M.D. Address (Street, city, town, or county) Riverdale, Md. 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 BUTTAT 9/10/66 Cedar Hill Cemeyery Prince Georges, Md. 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 2So REC'D BY REGISTRAR DATE SEP VR A15ME (5) geliante Judge 1986 4308 Suitland Rd. Suitland, Md. 6M 1/66

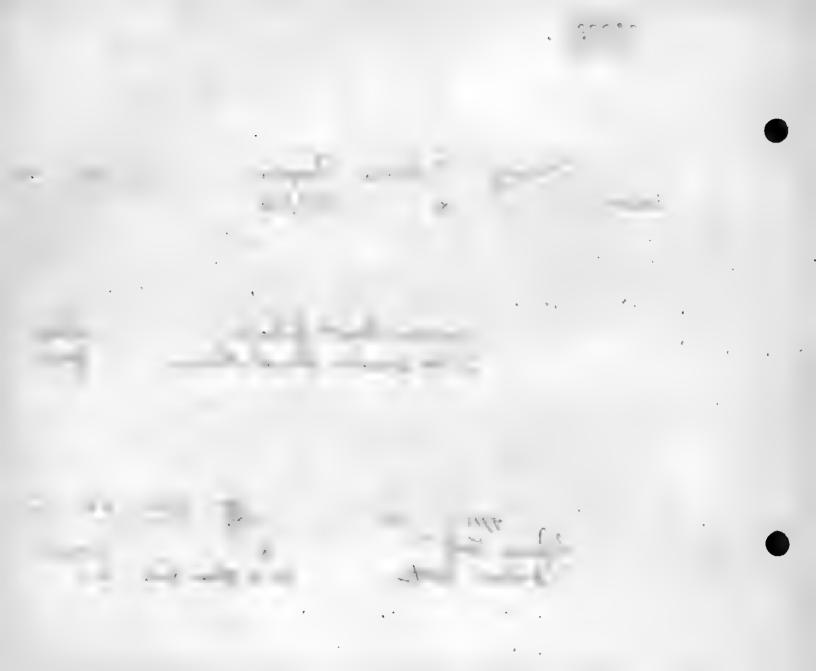


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Prince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Pr.Geo. MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) n and completery Pages remove carbon papers. Pages in any event, within 72 hours af c. LENGTH OF STAY IN 1b hours 20 Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 7105 - R.I.Ave. a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES | No X 7105 - R.I.Ave. College Park executed within 3. NAME OF First Middle DATE Month Year Day DECEASED OF DEATH David 1966 R. Thompson Sep. 18 (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 7. MARRIED TNEVER MARRIED e attending physician and concernit. Hen please remove last birthday) | Months | Days 9/12/1900 Hours Male White WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) þe D.C.Policeman COUNTRY? U.S.A. Retired Wash. D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Minnie J. Smith David Calvin Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address has been signed by the attent as the burial-transit permit, prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) death 218-24-6669 Mrs.Ethel E. Thompson (above address No Wille) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Ceru Goon Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate hat hed for use a tr. of Health p YES T No F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. FUNERAL DIRECTOR: After irector, page 3 should be diould be filed with the State Not While at work be retained by ATTENDING at work 1960 to 9/15 1966 that (I) (we) last 21. I certify that (I) (this hospital), attended the deceased from 19 66, and that death occurred at saw the deceased alive on. _M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Page 4 may h DIRECTOR M.D. PHYS. PHYSICIAN'S NAME (Type) ADDRESS director, p should be i 10 43d Ave., Hy., Md. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF 2 Colmar Manor, Md. Ft. Lincoln com. Bunial Mt.Rainio26a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Maryland Funeral Home 19 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYLAND EURBES by the Pages c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) on papers. Pag within 72 hours hours MITCHELL VILLE MITCHELL VILLE

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled in d. STREET AOORESS a. IS RESIDENCE ON A FARM? ENTERPRIZERH ENTERPRIZE **おたぶらん...** YES X NO within and completely remove carbon (3. NAME OF Middle DATE Month Day DECEASED event, 1 1966 (Type or print) ĎEATH executed 5. SEX 6. COLOR OR RACE 8. DATE OF RIRTH AGE (In years | F UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. MARRIED NEVER MARRIED in any WIDOWE0 DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, br foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOME WASHINGTON USEWIFE perkillcate FATHER'S NAME MOTHER'S MAIDEN NAME attending/ph ermit. Then remova BAKE EED Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. (Yes, no, or unkown) (If yes give war or dates of service) MARTHA M. BRADY SAME AS death N O N FVone CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (INTERVAL BETWEEN n signed by th burial-transit burial, cremat AND DEATH PART 1. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which peen gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY certificate his for use Health PERFORMED? NO TO YES 20a. ACCIDENT WAS UNCERLYING OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) should be factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the 1966, and that death occurred at saw the deceased alive on M, from the causes and on the date stated above. 22a. SIGNATURE 22h. DATE SIGNED page ATTENDING MFD. M.D. DIRECTOR 4 шау TO FUNERAL I director, pag should be file HOSPITAL 22c. PHYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) FORT ARYLAND INCOLN FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. 24. 20M 1/65

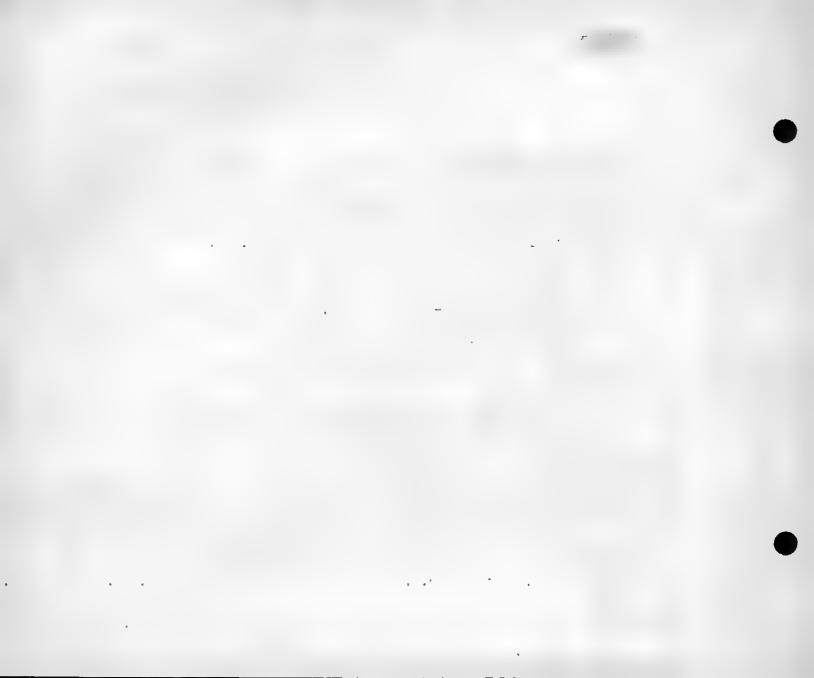


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 24 hours after death ond the attending physicion and campletely filled in by the funeral sit permit. Then, rease remave carbon popers. Poges I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institut an Residence before admission) Prince George's b. COUNTY MARYLAND Maryland Montgomerv b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) write RURAL and give nearest town) oon popers. Pog within 72 hours Silver Spring Cheverly 1 day e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 10510 New Prince George's General Hospital *YES requires that the death certificate be executed within 3 NAME OF DATE Year DECEASED Bradley Thornett September Thomas 13 66 19 (Type or print) DEATH IF UNDER I YEAR LIF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last pirthday) Manths Days Hours White 2-13-93 Male WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT dur no most of working life, even if retired) COUNTRY? INDUSTRY GOV'T. WASHINGTON. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FREDERICK M. THORNETT MARY C. WARDE remov 17. INFORMANT 16 SOCIAL SECURITY NO Address bethesda. Md. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (Iff yes give war ar dates of service) 79-60-7513 GEOFFREY M. THORNETT 5300 Westbard INTERVAL BEAMERIC 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burnal-transit p ONSET AND DEAT PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial. Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🕡 NO 힏 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a.m. While Nat While factory, street, affice bldg., etc.) at work at wark 21. I certify that (I) (this haspital) attended the deceased fram. 1966, 10 19.66 that (1) (we) last be retained should 15 19 66, and that death accurred 2:00P M, from causes and an the date stated above saw the deceased alive an-22b _DAJÉ SIGNED 22g SIGNATURE ATTENDING DIRECTOR MD. PHYS PHYS. directar, poge s 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION REMOVAL (Specify) 9-16-66 OLIVET CEMETERY WASHINGTON 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) ST.N.W. DATE S COLLINS 3821 14TH. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13200CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ve corban popers Pages 1 event, within 72 hours after Prince Georges MARYLAND Maryland Prince Georges b CITY OR TOWN (If outside corparate limits, c CITY OR TOWN (If autside corparate limits, write RURAs and give nearest tawn) CLENGTH OF STAY IN 16 write RURAL and give nearest town) (West Lanham Hilks) filled in by Hvattsville Cheverly 90 min d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO X Prince Georges General Hospital Emerson Road 3 NAME OF Middle remove corban 4. DATE Day Year g physicion ond completely Then pleose remove corban DECEASED T. (Type ar print) DEATH Delbert Tichnell Sept S. SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED iast birthday) Manths Doys Haurs ond in ony DIVORCED WIDOWED June 1912 Male White 5 LLYIS. 13 BIRTHPLACE (County & State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? Allaganey Co, Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremation, ar removal, Charles Fuller Emma L. Funkhouser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT signed by the attendin 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates af service Mary C. Tichnell Same as #2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO Z 20a ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. While Not While factory, street, affice bldg , etc.) at work at wark 21. I certify that (I) (this hospital) attended the deceased fram 40 AM fram causes and an the date stated above. and that death accurred at saw the deceased alive an 22n. SIGNATURE 22b. DATE SIGNED ATTENDING MFD M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN 4410 74th Ave. NAME (Type) Bellemeade F. Musser. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City or Town) (County) (Stote) Colmar Manor Pro George Md. 1966 Ft Lincoln Cemetery Sept 24. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) . Gasch's Sons Hvattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH se_remave carban papers. Pages 1 and 2 din any event, within 72 haurs after death The law requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. STATE , Tr nce Georges o. COUNTY Prince Georges MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate imits, write RURAL and give necess town) Hvattsville days Cheverly e IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) rrince Georges General Mospital 4 2 Cc 55th .ve. YES NO 3 NAME OF Middle Lost 4 DATE Month First Doy Year DECEASED OF DEATH Sept., 22 66 Ti ...ons Joseph 19 (Type or print) IF UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** ost parthdoy) Months Doys Hours 22 Jan., 1 82 Thite: WIDOWED DIVORCED Lale physician and 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Auto Mechanic -INDUSTRY Magnolia, Md. Retired 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME _ burial, crematian, ar remaval Timmons Joseph Alice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address signed by the attendi burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of serv.ce) Mr. Joseph C. Timmons 216-10-7024 same address INTERVA. BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health prior tall PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (I) (this haspital) attended the deceased from \$\\\ \begin{array}{c} \be 225 PATE SIGNED 220 SIGNATURE RECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S 3498 Rhode Island Ave. Mt. Rainier, Md. NAME (Type) Leon R. Levitsky, M.D. 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Lorraine Park Cemetery Woodlawn, Md. 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Willander Judge



1		Α	MARYLAND STATE DEPARTMENT OF HI		1 MARVIAND
FOR S	STATE	XI	THE MEDICAL EXAMINER'S GERTIFICATE		13902
HEALTH				7 0 000	bution: Residence before admission)
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cess	Department after death.			ights	,
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elay is Nico	State hours	1	Prince George General Hospital 605 Eastern A	lvenue	YES NO DC
and 3,	3 E		3. NAME OF First Middle Last 4. DECEASED	DATE Month	Day Year
F. ⁷ 2	## 74		(Type or print) Turner Trezvant 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH	9. AGE (In years IF	12 19 66 FUNDER 1 YEAR JIF UNDER 24 HRS.
es 1	and within		7. MARRIED NEVER MARRIED A	last birthday) N	lonths Days Hours Min.
death.	3 #	-	Male Negro WIDOWED DIVORCED Sept. 1899 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State NUMBER)	or foreign country)	1 12. CITIZEN OF WHAT
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s affe 8. Gl	pages 1 in any	ŀ	13. FATHER'S NAME 14. MOTHER'S MAIDEN !		
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24 houn ltem Office	File ,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service)	Address	
thin er's	permit. I				
should be executed within word "pending" in pencil i Chief Medical Examiner's	рег		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
Sute Exa	ınsit ı, or		IMMEDIATE CAUSE (a) Left hemothorax		35_min
exec iding	ation		DUE TO Laceration of Left sub-clavian a		35 min
ber Wed	a burial-transit cremation, or		Conditions, if any, which gave rise to immediate Cause (a), stating the DUE TO	-	35-min.
should word " Chief		Ì	underlying cause last. (c)		
ate st the WC	used as to buriaf,		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PA	PERIDRMED:
	to		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISESTATES. 208. EXTERNAL CAUSE WAS PRIMARY-Or CONTRIBUTING CAUSE OF DEATH. Stabbed by assailant.	bery in Part I or Part II of	YES X ND
EXAMINER: This certifice certificate, writing thould be forwarded to	3 should be agent, prior		20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury of contributing and cause of Death.		110111 2017
This e, wr	hou int,			20f. (City or town)	(County) (State)
cate for	2000		18 Not water and water and water and a comment of the state of the sta	A 640 A	mont Heights. Md
EXAMINER: certificate fould be fo	CTOR: Page designated		21. I certify that I took charge of the remains described above, held an Autopsy x, in	nspection 💂 , Inquir	
Do Co	OR: 1 Sign		death resulted from: Natural causes ,, Accident , Suicide , Homicide		nanner 🗌
4 s 4 s	ECTC s de		CHIEF MEDICAL EX		22. DATE SIGNED
Y MEDIC execute Page	AL DIRECT		ACTUAL SIGNATURE M.D. ASSISTANI MEDICAL B DEPUTY MEDICAL B		22. Date didite
EXE exe	RAI Ith		EXAMINER'S TO THE TOTAL OF THE	Ity, town, or county)	9-13-66
0 DEPUTY please ex director.	O FUNERAL DIRECTOR: of Health or its design		1 NAME (Type) JOHN Kenoe, 14.D. RIVERGALE, PIG. Address (Street, ct. 23a. Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	234 LOCATION (City, toy	vn or county) (State)
D Page	10 E)	1 911 16 to the Absential Will Contract VI	frince 6	20140, And
		3	The state of the s	BY REGISTRAR 25b. RE	GISTISM'S MIGNATURE
	A15ME 0 4-64	15	Byow & + DAVID SON-5635-took-St. DATE SE	P 16 1966	Minutes Judge =



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 303 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

132(); 13203The law requires that the death certificate be executed within 24 haurs after death. Patysician and campletely filled in by the funeral places. Pages I and please remove carbon papers. Pages I and the in any event within 72 hours after death USUAL RESIDENCE (Where deceosed lived, if institution Residence before odm ssion 1. PLACE OF DEATH Prince George's 5 COUNTY D. STATE MARYLAND Mary /and/ Conn Montgamery

CITY OR TOWN (If outside capparole limits, write RURM, and give regress town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Norwalk 11 hours Cheverly e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Cove Ave. Prince George's General Hospital University/Blyd/Nursing/Howe/ YES NO 3 NAME OF 4. DATE Eirst DECEASED (Type or print Lulu Trounson DEATH September AGE (In years lost birthdoy) S. SEX 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Hours DIVORCED Female White June 7, 1878 10o USUAL OCCJPATION (Give kind of work done during most of working life, even if retired)

Housewife KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? E. Norwalk, Conn. IIS A none 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Charles E. Reynolds Anna Godfrey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Edmond P. Trounson 153 Notley Rd. Silver perm no crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)), PART I. DEATH WAS CAUSED BY:

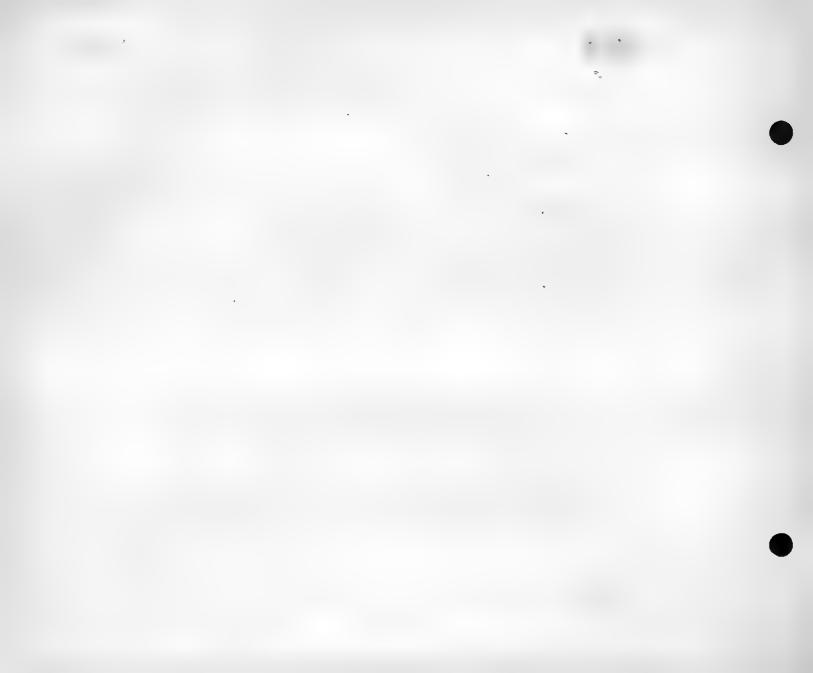
IMMEDIATE CAUSE (o) Spring, Md. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH **DUE TO** Conditions, if any, which gave rise to immediate couse (a). DUE TO Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been as the stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? USB YES 🔂 NO þ 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) detached for the Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) While of work ot work shauld be 1966, 10 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 1956, and that deoth octurred at 6:20 M, from causes and an the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 220 SIGNATURE Helles ATTENDING **5**2 DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Burial Norwalk, Connecticut
RAR | 25b. REGISTRAR'S SIGNATURE Riverside Cemetery 250. REC'D BY REGISTRAR DATE SEP 6 Home Inc. uneral VR A15 (4) 1966 Ochanlen 20 M 1/66 Conn



-	, MARYLAND STATE DEPARTMENT OF HEALTH			
2 M	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE	2270 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13205			
HEALTH DEPT.	1 PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission)			
2, and 3 to PM3. Page partment of after death.	o. COUNTY Prince George's MARYLAND Maryland Prince George's			
deo deo	b CITY OR TOWN (If outside corporate imits I c IFNGTH OF STAY N 2b C CITY OR TOWN /If outside carporate limits with a Pipel and one neglect town)			
y de on on on m3	write RURAL and give nearest town) Riverdale DOA Landover			
n F	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e S RESIDENCE ON A FARM?			
eath. If any deloy is Pages 1, 2, and 3 to lith farm PM3. Page State Department of 2 hours after death.	Eugene Leland Memorial Hospital 3817 64th. Avenue			
24 hours after death. in Item 18. Give Page r's Office along with f	3. NAME OF First Middle Lost 4. DATE Month Day Year			
r de ve F g wig the	(Type or print) Michael Joseph Vacchio DEATH 9 8 19 66			
ofter d 8. Give olong v with the	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min.			
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4 hours I frem 18 S Office	IDo JSUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10 KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?			
Z = 7.	NONE			
hin 24 ncil in niner's pages in on	13. FATHERS NAME			
d with the Exan Exan File and	JOSEPH V. VACCHIO VICTORIA HENDRICKS			
This certificate shauld be executed within 24 haurs after death. If a icate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forworded to the Chief Medical Examiner's Office along with farm abe used as a buriol-transit permit. File pages the within 72 hours or to burial, crematian, or removal, and in orth event within 72 hours	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) NONE 16. SOCIAL SECURITY NO JOSEPHV. VACCHIO SAME AS # 2			
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shauld be e ne word "per o the Chief I buriol-tronsit matian, or re	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Drowning ONSET AND DEATH			
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hau wo the the atia	Conditions, if any, which gave 3 (b)			
te s the f to f to o bu	this to immediate couse (a). Stating the underlying couse DUE TO			
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# 7 4 8	PERFORMED? yES NO SCIENTIFIC CAUSE OF DEATH. PERFORMED? YES NO SCIENTIFIC CONTRIBUTING CAUSE OF DEATH. PERFORMED? YES NO SCIENTIFIC CONTRIBUTING CAUSE OF DEATH.			
e execute the certification. Page 4 should be ned for your files. ECTOR: Page 3 should signated agent, prior	CAUSE OF DEATH. Fell in swimming pool.			
Main the state of	20k TIME OF IN. JRY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF IN. JRY (Home, form, Hour om While Norwh e foctory, street, office bldg, etc.) 10 County Md. (State)			
L EXAM cecute th Poge 4 for your DR: Poge ated agi	La: 350mpm. 9-8- 17 00 otwark otwark 10410 440n. Ave. Beltsville. Frince Geo. Co.,			
AL EXA execute or. Poge of for you TOR: Pog nated a	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion			
ctor.	death resulted from: Notytol courses . , scident . Suicide . , Homicide . , Undetermined monner .			
MEDITO Pleose directs retained DIRECTS designs to designs desi	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED			
UTY MEDICA ory, please e terol director be retained BRAL DIRECTO or its design	SIGNATURE MD ASSISTANT MEDICAL CAMPATRICAL			
DEPUTY MEDICAL EXAM reessory, please execute the funeral director. Page 4 may be retained for your FUILIRAL DIRECTOR: Page salth or its designated aga	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 9-8-66			
TO DEPUTY MEDICA necessory, please ex the funeral director. 5 may be retained in TO FULLIRAL DIRECTO Health or its design.	230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)			
F = + 2 F =	BURNINEW 10 SEPT 1966 FORT LINCOLN CEM RLADENCRURG MARYLAND			
	24 FUNERAL DIRECTOR 2SO REC'D BY REG.STRAR 2SD REGISTRAR'S SIGNATURE			
VR A15ME (50)	W.W. Chamber 60. Viverdale, Mayland DASEP 13 1968 gelearles Judge			



		Division of STAT		MARYLAND STATE DI ARCH AND RECORDS, 30			LAND 21201
	4.54	11		CERTIFICAT	E OF DEATH		13206
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Se retained by the haspital ar attending physician. **IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e. 3 shauld be detached far use as the burial-transit permit. Then gase remove carban papers. Pages I and 2 adwith the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.	b. (Ty or write RU Chever	George S TOWN (If outside corporate Te RAL and give nearest town)		MARYLAND C LENGTH OF STAY IN 16 9 days	a. STATE Maryland c CITY OR TOWN (If or Fulton	b. col	JRAL ond give neorest tawn)
led in appers.		HOSPITAL OR INSTITUTION (I	,		d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
withir withir are ful are ful ful are ful	3 NAME OF DECEASED (Type or pri	D	First auline	Middle	lost Vanderbok	4. DATE Mor OF Sept	tember 16 1966
xecuted cample nove con	S. SEX Female	6 COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 2/14/82	9. AGE (In years jost birthday) 84 yrs	If UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Haurs Min
e be er an and ase rer nd in ar	100 USUAL DCC during most of	UPATION (Give kind of wark do yorking lite, even if retired)	one 10b. K	IND OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12 CHRZEN OF WHAT COUNTRY?
ertificat	13 FATHER S		, Rey	moed a	14. MOTHER'S) MAIDEN	WAME I She Il	1 wh
ie death cei attending permit. The	1S WAS DECE/ (Yes, na, ar un)	(SED EVER IN U.S. ARMED FORCE (nawn) (If yes give wor ar dat	s? es af service)	SOCIAL SECURITY NO.	INFORMANT COMMENT	Till Add	ress/
at the at the at nsit per matian		E OF DEATH (Enter only one 1. DEATH WAS CAUSED BY IMMEDIATE CAL	()	(o), (b), and (c))	n alos	45	INTERVAL BETWEEN ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burial-transit permit. Then shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remova	Candition:	; if any, which gave)	(b)(c)(c)	Onocore	mino	ofthe	ueros yaz
: The la ir atten e has t use as	PART II. C	THER SIGNIFICANT CONDITION	S CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
ATTENDING PHYSICIAN: The law re retained by the haspital ar attending ECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. of Health priar ta	OR CONTR	ENT WAS UNDERLYING BUTING (CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of item 18)	
IG PHY the ha r this c detach	GW GW		While of war	Not While of work	ACE OF INJURY (Hame, fari trary, street, office bidg., etc)	(Caunty) (State)
ENDING ned by t R: After old be o		I certify that (I) (this I the deceased alive an	naspital) atten	ided the deceased fram.	at death accurred a	19 <i>66</i> , ta 2442 1 2:55P M, fram causes	16, 1954 that (I) (we) last and an the date stated above
OR ATI	22o. SIG	NAMORE ON B	Con	neron 1	.D. PHYS.	MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 shauld be filed v	22c. PHY NAF	SICIAN'S AE (Type) DON	B.C.	AMERON	22d. ADDRESS	PERRY	ST RAINIA
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld shauld be filed with the	Vice	(Specify) 9	THEREOF 20-66	Lawel Chr	ne Mem Po	23d. LOCATION (City or I	Men Krein
VR A15 (4) 20 M 1/66	De 2	litt Dena	ldsor	- Lalies	250. REC DATE	SEP 2.0 1966	gCharley Judge



***************************************	Items 18-21 Film 382 11-1MARYLAND STATE DEPARTMENT OF HEAL	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF I	DEATH 13207
HEALTH DEPT.		e deceased lived, if institution: Residence before admission)
oy is 3 to Page ent of eath.	o. COUNTY Prince George's MARY AND Maryland	b COUNTY Prince George's
deloy ond 3 1 M3. Pag tment c	b CITY OR TOWN (It outside corporate limits. C LENGTH OF STAY IN 16 C CITY OR TOWN (If outside	corparate limits, write RURAL and give nearest town)
A delay is 2, and 3 to PM3. Page portment of after death.	write RURAL and give nearest town) Riverdale DOA College Par	cle //
epo e	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE
ofter death If any deloy 8. Give Pages 1, 2, and 3 along with farm PM3. Pawith the State Deportment within 72 hours after deat	Ieland Memorial Hospital 5202 Mineola	ON A FARM? YES NO S
within 24 hours ofter death 1 pencil in Item 18. Give Pages caminer's Office olong with far le poges and and within 72 hours in any event within 72 hours.	3 NAME OF First Middle ost 4	DATE Month Doy Year
de ve l	(Type or print) Theresa Margurite Vanier	OF DEATH 9 11 19 66
ofter dec 8. Give P olong with with the S	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH	9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS
18. 18. 18.	Female White WIDOWED DIVORCED 5 Sept. 1925	lost birthday) Months Doys Hours Min
hours Office and event	100 USUA OF PATION (Give Lod of work done 10h KIND OF BUSINESS OR 11 B PTHP ACE (State or to	reign country) 12 CITIZEN OF WHAT
er's Cer's Cany	during most of working life, even if retired) HOUSEWITE INDUSTRY Wash. D. (COUNTRY? U.S.Am
th.n 24 ancil in miner's poges in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
with men per Exam	Frank Loukota Peggy	?
ed v	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service)	Address
ecut Ing' adice ermi ova	No Mr. Josef P. Vs	nier (above address)
certificate should be executed writing the ward "pending" is prwarded to the Chief Medical used as a burial-transit permit.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. A Sophysical	I) INTERVAL BETWEEN ONSET AND DEATH
be hief	IMMEDIATE (AUSE (o) Asphyxia	OHSE! AND DEATH
vold vard ne C ol-tr	DUE TO	
sho le w o th ouri	(onditions, if any, which gove to immediate course (a) (b) Gcclusion of upper airway by	7
ote gi th id t	sloting the underlying couse OUE 10	
rific arde arde iol,	(c) mucous and aspirated vomitus	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION 200 EXTERNAL CAUSE WAS PRIMARY CO OF CONTRIBUTING OF CONTRIBUTING Vomited and aspirated at home cause of the contribution of the contribution of the condition of the co	YES X NO
AMINER: This et he certificate e the certificate e 4 should be four files. age 3 should be ogent, pror to	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of nigury in Port to	
INER: Tee certifice should by files. 3 should and should s	CAUSE OF DEATH Vomited and aspirated at home	
	2Dc Time OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Hour o.m., While Not While foctory, street, office bidg., etc.)	20f (City or town) (County) (State)
XA/ te 1 ge 4 you loge	TOME JOIL OF STWORK LAND HOME	College Park P.G. Md.
MEDICAL EXAMIN pleose execute the director. Page 4 sh retained far your fill . DIRECTOR: Page 3 st ts des gnoted agent		spectian 😿 , Inquiry 🔀 , and in my opinio
E G E E E	death resulted from: Natural causes 🔲, Accident 🗷, Suicide 🗍, Hamicide 🗍	
JTY MEDIA IN, please e erol director be retained RAL DIRECTOR or its des gr	ACTUAL CHIEF MEDICAL EXAM	AS DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL	CAMBINEK []
O DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its des gnoted age	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. DEPUTY MEDICAL EXAMINER'S Address (Street, City.	, town, or county) 9-12-66
necesso the fun 5 moy 0 FUNE Heolth	230 B_RIA_ CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 9/13/66 Fort Lincoln Com.	23d OCATION (City or Town) (County) (Store) Colman Manor, Md.
	PERSON 181 9/13/66 Fort Lincoln Com. 24 FUNERAL DRECKOR Nalley's ADDRESSM't-Rainier 250 RECD BY	
VR A15ME (5)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6M 1/66	Funeral Home Inc. Maryland DATE SEP	14 1966 Scharles Judge



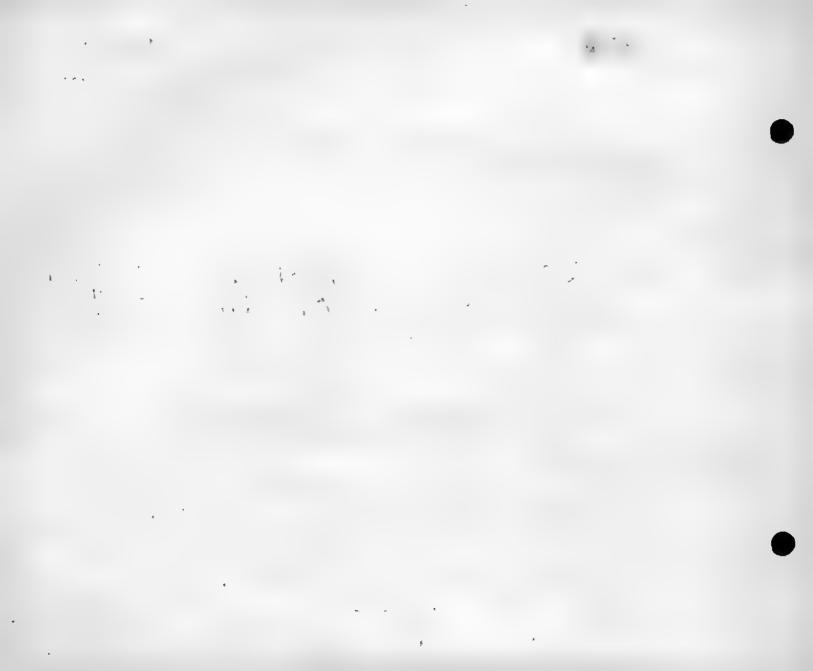
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate benexited within 24 hours after death death. hpletely filled in by the funeral e carbon papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Prince Georges Prince Georges Mary land MARYLAND c. CITY OR TOWN (If guitside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate umits, CLENGTH OF STAY IN 15 write RURAL and give negrest tawn) Seat Pleasant 2 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Fresno Street NĐ Prince Georges General Hospital 7106 4 DATE 3. NAME OF Last DECEASED 19 66 (Type ar print) DEATH Sept 18 Anthony John Vasco AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH remove Months Hours DIVORCED WIDOWED 10a USUA: OCCJPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHP_ACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired |

Poting -Supervisor pleose INDUSTRY metal shop D MOTHER'S MAIDEN NAME Government4 en Dominick P. Vasco Rose Mastrovito IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, arunknown) (If yes give war ar dates of service) 113-05-5111 Elizabeth R. Vasco same as above INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Canditians, if any, which gove rise to immediate cause (o). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? YES [NO ٥ 20g. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Nat While at wark 2). I certify that (I) (this haspital) attended the deceased fram 3/1/1/5 , 19/10, to 3/15 /5, 19 6 that (1) (we) last and that death accurred at OOAM, fram causes and an the date stated above. saw the deceased alive an. 22b DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cedar Hill Cemetery | Prin Prince Georges Co Burial FUNERAL DIRECTOR VR A15 (4) DATE SEP



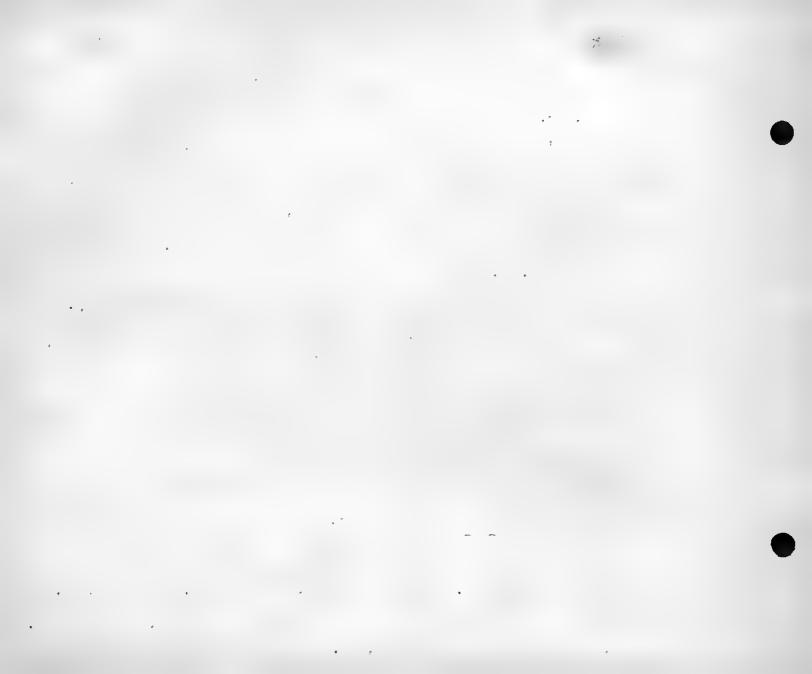
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the attending physicign and completely filled in by the funeral ransit permit. Then please remave carban papers. Pages I and 2 ransit. requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE Maryland n COUNTY **b** COUNTY Charles Prince George MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) Waldorf d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDENC ON A FARM? Route I Box 160 Southern Maryland General Hospital NO 4 3 NAME OF 4 DATE First Year DECEASED OF DEATH September 24 William ·T. Wade (Type or print) 9 AGE (In years IF UNDER 24 HRS. S SEX 8 DATE OF BIRTH IF JNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Months Hours August 26, 1876 WIDOWED X Male Colored DIVORCED 100 LS_ALOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. during most of working life, even if retired) **INDUSTRY** Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 12/LINFORMAN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no or unknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY: signed by the burnal-transit p ONSET AND DEATH Congestive Heart Failure IMMEDIATE CAUSE (o). DUE TO Cardiopaccular arterior Deroter disease Conditions if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Diabetes Militis NO ĮQ. 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year Hour o.m. 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bidg, etc.) Not While N/A ot work of work 21. I certify that (I) (this haspital) attended the deceased fram 9-1-66 to Sept. 24, 19 65 that (1) (we) last . 19 saw the deceased alive an 9-24-66 19, and that death accurred at 1, 2, 00 Minfrom causes and on the date stoted obove. 22a, SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. Sept. 24,66 director, page 22d ADDRESS Clinton, Maryland 22c PHYSICIAN'S R. Lapin, M.D. NAME (Type) Affred NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION County (Stote) 250, REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13210 CERTIFICATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. They pages I and 2 burial, cremation, or remarkly nony event, within 72 hours after death requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY Prince George's Maryland b. COUNTY Prince George's remove carban papers. Pages 1 in any event, within 72 hours after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 Cheverly. I'd. Landover dills Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 4101 70th avenue... YES [NO TH 3 NAME OF Middle 4. DATE Lost Month Dov Year DECEASED
(Type or print) William L Walker Sept 11. 66. DEATH S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDFR 24 HRS 7 MARRIED NEVER MARRIED last_birthdov) Months Hours male white Oct 15, 1898 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Steam fitter INDUSTRY Building COUNTRY? Washington D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph T. Walker Annie Knott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na orunknown) (If yes give war ar dates of service) 190 05 1485 Rose I Walker Landover Hills, Md. no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH WKS. IMMEDIATE CAUSE (o) Metastatic carcinoma Carcinoma of the lung DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO Page 4 may be retained by the hospital ar attending 1

TO FUNERAL DIRECTOR: After this certificate has been s
directar, page 3 shauld be detached for use as the t
shauld be filed with the State Dept. of Health priar to b stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 😾 NO 🗀 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month, Doy Year (County) (Stote) factory, street, office bldg . etc.) While Not While 19 ot work ot work 21. 1 certify that (1) (this haspital) attended the deceased from 9-5-, 186, ta 9-11-, 186, that (1) (we) last saw the deceased alive an 9-11-, 1966, and that death accurred at 300M, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 9-12-66 M.D. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 6300 Riverdale Rd., Riverdale, Md John Kehoe M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State REMOVAL (Specify) Sept 15. 1966 Cedar Hill Cemetery Suitland, Pro Geo 250. REC'D BY REGISTRAR
DATE SEP 16 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) F. Gasch, Sons Hyattsville, Md. 20 M 1/66



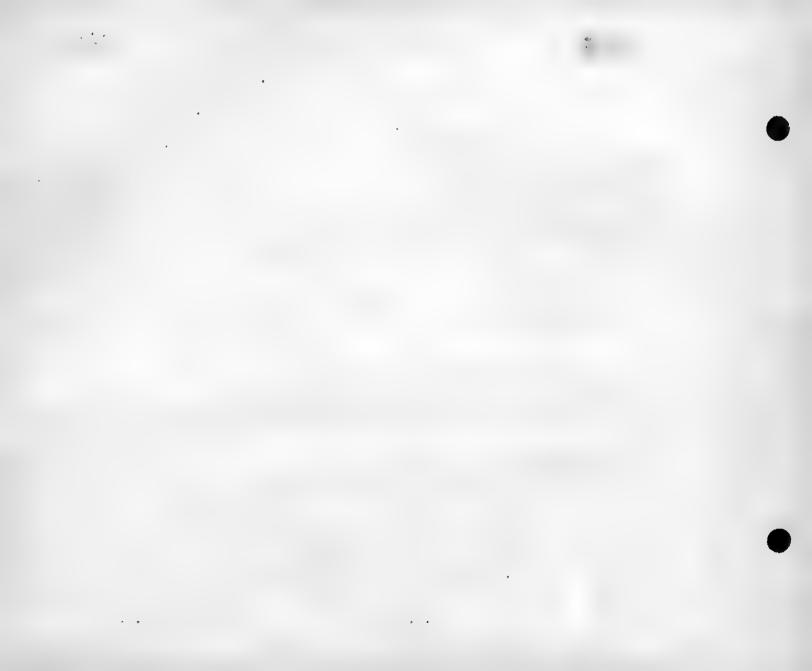
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death signed by the attending objection and completely filled in by the funeral burial-transit permit. I then, please remove carbon papers. Pages 1 and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE Prince Georges @ Maryland ve carbon papers. Pages 1 event, within 72 hours after MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA; and give negrest town) write RURAL and give negrest town) 6 hrs Cheverly Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Prince Georged General Hospital YES T 1802 62nd NO 3. NAME OF First 4. DATE DECEASED DF Juanita (Type or print) Wallacte DEATH Sept. AGE (n years IF JNDER 1 YEAR S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdov) Months Hours Dovs WIDOWED DIVORCED Female Negro Feb., 1906 60 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) **INDUSTRY** COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William McPherson Jaura Short 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) 0 Spencer Chaverly IB. CAUSE OF DEATH (Enter only one couse per line for (o) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DUE TO Canditions, if any, which gove rise to immediate couse (o). DUE TO ficate hos been s for use os the b f Health prior to b stating the underlying cause Page 4 may be retained by the haspita, or ottending last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED_IO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONFRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. foctory, street, affice bldg., etc.) Nat While of work ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 19_____, ta_ , 19___, that (I) (we) last director, page 3 should should be filed with the ____, and that death accurred at _____, and that death accurred at ____, and the death accurred at ____, and ___, and ___. saw the deceased alive an 22o SIGNATURE 22b. DATE SIGNED ATTENDING 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) OHAWNE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Tandover Prince G Park 250 REC'D BY REGISTRAR DATE



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE AND	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13212			
HEALTH DEPT!	1 PLACE OF DEATH a COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b COUNTY. b COUNTY.			
uny delay is , 2, and 3 to n PM3. Page epartment of s after death	Prince George's MARYLAND Marvland Anne Arundel '			
delc ond M3. i mer	write Kukal and give neorest town)			
Ppd affe	Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM?			
orn orn	Prince George General Hospital 7411 Hawkins Drive, Rt.1 YES NO 1x			
offer deoth Corp. Progenity Mith the Stot Within 72 ho	3 NAME OF First Middle Last 4 DATE Manth Day Year			
ofter de service de with the within 7	(Type or print) Hezekiah Benjamin Ward DiATH 9 11 19 66			
with the within	S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH 9 AGE (In years lost birthday) Months Days Hours Min			
	Male White Widowid Divorced 11-12-1905 60 yrs			
in Item 1 rs Office es 1 ond 2	during most of working life, even if retired INDUSTRY COUNTRY?			
d within 24 hours in pencil in item 1 Examiner's Office File pages lond2 and in any event	Fireman Balto G & E Maryland ISA 13. FATHERS NAME 14 MOTHER'S MAIDEN NAME			
vithi omit d in				
ed with in period of the first	Charles Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) [If yes give war ar dates of service) Address			
ecute ing" edica ermii	No Earl D. Cook, Gen'ls, Hohy Waterbury, Md.			
ote should be executed the ward "pending" is of the Chief Medical is a burial-transit permit.	1 1B CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))			
d be d "p Chie frans	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain DASET AND DEATH MINUTES			
war war the rial-	(and trans, if any, which gave) (b) From trauma - auto accident.			
the to to but emo	rise to immediate couse (a). Stating the underlying couse DUE TO			
ficot ing ded os c	last (c)			
MEDICAL EXAMINER: This certificate should be executed within 24 hours please execute the certificate, writing the ward "pending" in pencil in item I director Page 4 should be farwarded to the Chief Medical Examiners Office retained for your files. DIRECTOR: Page 3 should be used as burial-transit permit. File pages I and 2 its designated agent, prior to burial, cremation, or removal, and in any event	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?			
his ote, e fa	₹ YES 📑 NO 🔀			
tiffic Tiffic Id b Uld rior	206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af item 18) PRIMARY Diar CONTRIBUTING D CAUSE OF DEATH Driver of car involved in collision			
AL EXAMINER: execute the certification of the certi	201 THE OF MILEY March Do. Year 201 THE OF MILEY MARCH THE OF MILEY MA			
AMI e the our ige 3	8:45pmpm 9-11-19 66 of work of at work of Rt. 301 at Queen Ann Rd. Upper Marlboro, Md.			
Poge Poge Poge Poge Poge Poge Poge Poge	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion			
tor for CTO igno	death resulted fram. Natural causes , Accident , Svicide , Hamicide , Undetermined manner			
MEDIA please directo etoine DIREC s design	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED			
IV A	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L.			
TO DEPUTY MEDICAL EXAMINER: This necessory, please execute the certificate, the funeral director Page 4 should be 16.5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be 16 feolth or its designated agent, prior to	EXAMINER'S NAME (Type) John/Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 9-12-66			
The India	230 BURIAL CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)			
1 2 2	REMOVAL (Specify) Burial 15 Sept. 66 Mt. Carmel Cemetery Pasadena Md. 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
VR A15ME (5)				
6M 1/66	Kirkley Funeral Home, Glen Burnie, Md. DATE SEP 19 1956 Icharles Judge			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14662 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON, D.C. Andrews Air Force Base 30 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1379 Congress St. S.E. corbon pop ent, within NO A USAF Hospital Andrews 3 NAME OF Middle DATE by the attending physician and completely ransit permit. Then please remove corban DECEASED (Type or print) Christopher DEATH 5 SEX 6 COLOR OR RACE 9. AGE (In years NEVER MARRIED XX 7 MARRIED last pirthday Doys Hours September 1966 Male WIDOWED DIVORCED Negro 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** N/A Prince Georges Maryland USA 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME or removo Betty J McManus Bennie L Washington 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service Bennie L Washington None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN buriol-transit buriol, cremoti PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying couse hos been lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED' NO TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20ø ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (City or town) (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) Haur a m. factory, street, office bldg., etc.) Nat While at work 21. I certify that (1) (this haspital) attended the deceased from 15 of 66, 1966, to 38 Jan 1966 that (1) (we) last TO HOSPITAL OR ATTEND Poge 4 may be retained director, page 3 should should be filed with the saw the deceased alive an 30 Sept 1966, and that death accurred at 2018 HM, fram causes and an the date stated above. 220~SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR PHYS. PHYS WASH, D.C. 20331 22d. ADDRESS 22c. PHYSICIAN'S E. UOHNSON, CAPT, USAF, MC NAME (Type) USAF HOSPITAL ANDREWS, ANDREWS AFB. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF (State) CREMATION'S D.C.PMORGUE 66 WASHINGTON D.C. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (III) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

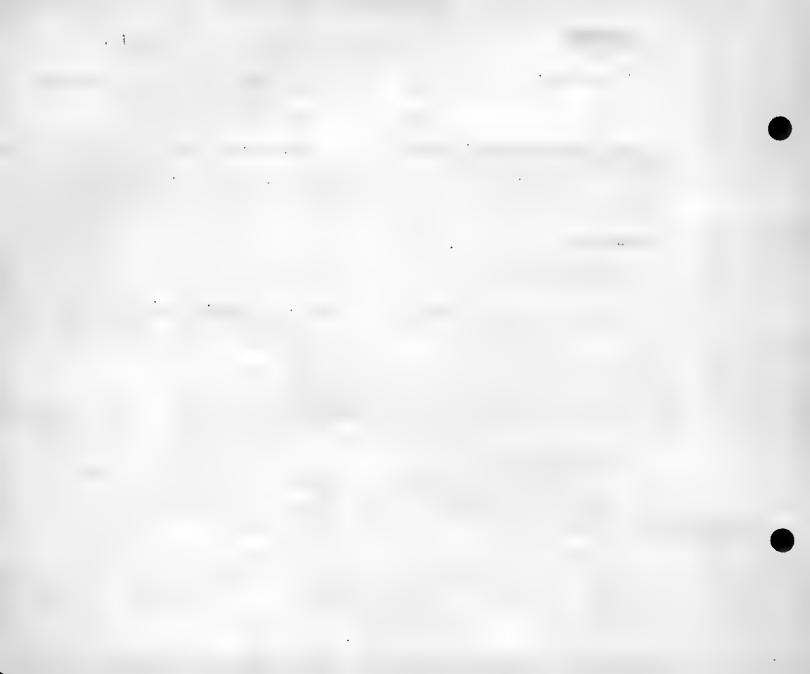
CERTIFICATE OF DEATH 13219 requires that the Jeath certificate be exec≡ted mithin 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived it institut on Residence before admission) and campletely filled in by the funeral remave carban papers. Pages—Lydd in any event, within 72 hours after deat o. COUNTY **b** COUNTY o STATE Prince George's Maryland MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits, Muirkirk 13 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO 3. NAME OF First Middle Lost 4. DATE Month Dov DECEASED (Type or print) Oliver Webb September ₹¥ 16, 19 66 DEATH IF UNDER 1 YEAR IF JNDER 24 HRS. S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Dovs Hours 4/5/ 1898 Male Colored WIDOWED DIVORCED 1Go. USEAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY Fairfax Co. Va. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Carter Webb Dorcas Jasper 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO būriat-transit permit. buriat, cremation, or re (Yes, no, or unknown) (If yes a we war or dates of service) 225-05-1286 John Gray, 9930 Fordson Rd. Alexandria, Va. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH NEW CLINICOLL' a IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse **CO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO F 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o ACCIDENT WAS UNDERLYING □ Page 4 mmy be retained by the haspital detached for the details of the deta OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased fram 9/3 , 19<u>66</u> , ta 9/16 1966, that (I) (we) last saw the deceased alive on 9/16 2966 and that death occurred at 7:30 M, from couses and on the date stated above. 22o. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S James W. Harding NAME (Type) 7601 Riverdale Rd., Lanham, Maryland directar, shavld b 230 BURIAL CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) (Stote) ADDRESS 250. REC'D BY REGISTRAR 25b. REGIS 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE lianles VR A15 (4) 1966 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificats be executed within 24 haurs after douth funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b comprince George o COUNTY o. STATE Prince George Maryland ve carban papers Pages 1 event, within 72 hours after MARYLAND b CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Capital Heights Capital Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? 4805 Central Ave. 4805 Central Ave YES NO TO 3 NAME OF Middle 4. DATE Last Month Day Year DECEASED John Franklin (Type or print) ST DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED AGE (Indears IF UNDER 24 HRS **NEVER MARRIED** last birthday) Manths Days WIDOWED DIVORCED White Jan. 1,1889 ond 100 USUA, OCCUPATION (G've kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working de, eyen fretzed)
Retired Naval Gun Factory U. S. Gov. physician sen prease. COUNTRY? Washington D. C. U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remay John F. Weedon Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ABuitland Md. (Yes ag ar unknown) (If yes give wor or dotes of service James W. Weedon 4711 Brookfield Dr. signed by the after burial-transit permi burial, cremation, o 18. CAUSE OF DEATH (Enter only one cause per line far (g), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse has been last. 19 WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES 🗀 NO F 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, office bldg , etc.) Not While ot work at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. , to 2 Less 1966 that (1) (we) last 1963,19 shauld be retained 19 66, and that death accurred at 12:25(M), from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D 22d. ADDRESS 22c. PHYS/CIAN'S NAME (Type) 3112 director, should b 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BREMOVAL (Specify) Cedar Hill Cemetery Sept. 6,1966 Suitland Maryland 24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 4308 Suitland Md. 2Sb. REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3221 CERTIFICATE OF DEATH and campletely filled in by the funeral of remove carbon papers. Pages 1 and 2 in any event, within 72 hours after death. 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH Prince George's " Maryland Prince George's MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (It autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Cheverly days Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's General Hospital 2901 Tremont Avenue NO D requires that the death certificate be executed within 3 NAME OF please remove corbon First East 4 DATE Manth Day Year DECEASED (Type or print) OF John Westenhaver 27 September 19 66 DEATH FUNDER 1 YEAR S. SEX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (n years IF UNDER 24 HRS. X NEVER MARRIED Jost birthday)
5 vrs Doys Hours White 12/5/10 Male WIDOWED 10a USUA, OCCUPATION (Give kind af wark done during met at warking life, even if retired)
Supervisor 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or Foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Post Office 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates af service 77-44-7909 Elsie M. Westenhaver - wife burial, cremation, IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b),
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-tronsit p i the afficience IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO hos been sise os the lith prior to E stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? State Dept. of Health YES yes NO 4 may be retained by the haspital or this certificate ρ 20a. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) at wark TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat deceased from June, 1960, to 9/27, 1964hot (1) (we) last 1966, and that death occurred a 5:55P M, from causes and an the date stated obove. 21. I certify that (1) (this hospital) attended the deceased from_ saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 234 NAME OF CEMETERY OR CREMATORY WASHINGTONAL 230, BURIAL, CREMATION, 236 DATE THEREQU 23d LOCATION (City or Town) 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 deorth requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY o. STATE **6 COUNTY** Prince George's

b. CITY OR TOWN (if outside corporate limits, wide RURAL and give nearest town)

Cheverly MARYLAND ove carbon papers. Pages I y event, within 72 hours after Marvland Anne Arundel c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Edgewaterr 3 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM Prince George's General Hospital Box 28, Rt. 4 NO YES 3 NAME OF First Middle e remove carbon Lost 4. DATE Manth Doy DECEASED Whitney September Marion G 30 66 19 (Type or print) DEATH IF UNDER 1 YEAR B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthdoy) Months Doys 1/28/02 White Female WIDOWED 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired)
Housewife INDUSTRY 13. FATHER'S NAME burial, cremotion, or remova WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO UNIFOR MAN (Yes, nother unknown) (If yes give war or dates of service 216-44-4122 signed by the a burial-transit pe INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), opt (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO hos been os the prior to b stoting the underlying couse lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C€NDITION GIVEN IN PART I(o) Stote Dept. of Health YES *** NO Poge 4 may be retained by the hospitol or this certificote 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) of work of work O FUNERAL DIRECTOR: After 21. I certify that # (this hospital) attended the deceased from Sept. 27 , 1966 , to Sept. 30 , 19 66 that # (we) last director, page 3 should should be filed with the sow the deceased olive on Sept. 30 19 66, and that deoth occurred of 2:05 M, from couses and on the date stated above. 220 SIGNATURE 22b. DATE SIGNED Sept. 30, 1966 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Edwin J Prince George's Genl. Hosp... Jensen Cheverly, Md BURIAL, CREMATION ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

1 !	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13217			
HEALTH DEPT	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. STATE b. COUNTY COUNTY			
s necessary, o the funeral e 5 may be Oppartment after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
ate age 1	ON NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? VES 1 NO			
any de 2, and PM3. The 3	3. NAME OF DECEASED (Type or print) (C C T DEATH) 19. AGE (1st VEAR'IF UNDER 1 YEAR'IF UNDER 1 YEAR'IF UNDER 24 HRS.			
eath. If a Pages 1, 2 h form P d 2 with nt within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (is years IFUNDER 1 YEAR IIF UNDER 24 HRS. last birthday) widowed DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
after deal S. Give Pa bng with es 1 and any event	during most of working life, even if retired) NDUSTRY NDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
d in	Descript 4			
hin 24 ho cil in Iten ir's Office mit. File oval, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or, unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT			
This certificate should be executed within 24 hours after death. If e, writing the word "pending" in pendi in temal 8. Give Pages 1, rwarded to the Chief Medical Examiner's Office along with form should be used as a burial-transit permit. File pages 1 and 2 with prior to burial, cremation, or removal, and in any event within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH			
ild b≡ executed "pe≡ding" in if Medical Exam 3 burial-transit cremation, or	Conditions, if any, which gave rise to immediate (b) - (1) -			
omld "d rd "d nief N a bu	cause (a), stating the DUE 10 (formary) underlying cause last.			
cate shottle word	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
This certificate ate, writing the forwarded to the 3 should be used agent, prior to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.			
■ #C 8 8	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. factory, street, office bldg., etc.) While at work at work at work			
Sign Sign	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry 4; and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner			
Cuta cuta r you DIRE	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED			
는 존점 그는 중점	EXAMINER'S NAME (Type) Address (Street, city, town, or county)			
Deale director, retained Deale of Healt	238. BURIAL GREMATION) 236. DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
VR A15ME	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE DATE GCT 3 1966 Fillers Junge			
3500 A 64				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. pup 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission? yand completely filled in by the funeral 1 PLACE OF DEATH b COUNTY Prince George's o. COUNTY o. STATE Maryland Prince GEorge's MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cheverly c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 13 days Hyattsville. d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO 124 Prince George's General Hospital 6905 Shepherd St. 3 NAME OF DATE Month Doy Lost DECEASED September 17. Donna Williamson 1966 Marie DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** 35 birthdoy) Haurs 12/8/30 White GIWOOIW DIVORCED Female 11 BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? A. during most of working life eyen if retired) Own Home Jefferson Co., Ohio 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Carl F. McCaulev Mildred M. McCaulev IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 291 26 6783 William R. Williamson Same as INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 13 ola Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse IO FILITERAL DIRECTOR: After this certificate has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO jo 200 ACC-DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an Sept. 17 1966, and that de 1966, that (1) (we)-last 12:18, from couses and on the date stated above. saw the deceased alive an. and that death occurred of 22b. DATE SIGNED 22o SIGNATURE STAFF PHYS. **ATTENDING** M.D. DIRECTOR 22d. ADDRESS 22c. PHYSIEHAN'S 74thone Bellemen 4/4/0-NAME (Type) directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION, B REMOVAL (Specify) 9/20/66 Toronto Union Toronto Ohio 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1966 Miarley VR A15 (4) Francis Gasch's Sons Hyattsville, Md. DATE 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the law requires that the death certificate be executed within 24 haurs after death ond completely filled in by the funeral remove corban papers. Pages 1 and ig any event, within 72 hours after deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY Prince Georges o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside campitate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Glenn Dale (rural) Washington 8 months d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS YES 🗍 NO. Glenn Dale Hospital 1230 N. Capitol St. 4 DATE 3 NAME OF First Middle Last Day Year DECEASED OF Mary M. Wilson (Type or pont) DEATH Sept YEAR S SEX AGE (in years IF UNDER IF UNDER 24 HRS. 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Manths Days Hours WIDOWED DIVORCED Negro 11/2/1904 Female 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT permit. Then please ion, or removal, and m during most of working life, even if retired) INDUSTRY COUNTRY? Charles County Marvland 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME burial, cremotion, or remova Arthur Wilson Mary Wheeler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address signed by the ottendir burial-transit permit. (Yes, no or unknown) (If yes give war ar dates of service) Decedent INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY Recurrent cerebrovascular accidents (probably thrombosis) with massive bilateral encephalo-IMMEDIATE CAUSE (a) malacia Conditions, if any, which gave (b) Cerebral arteriosclerosis rise to immediate couse (a). DUE TO st this certificate has been so detached for use as the bate Dept of Health prior to b stating the underlying couse Poge 4 may be retained by the hospital or attending Generalized arteriosclerosis 19 WAS AUTOPSY PERFORMED? PART I! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) cholelithiasis; hysterectomy, remote NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) (State) factory, street, office bldg., etc.) Nat While 19 at work at wark TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State 19 66, and that death accurred at A. M from res 1966, that (t) (we) last 21. I certify that (this haspital) attended the deceased from 1/25 M, fram causes and an the date stated above. saw the deceased alive an 9/24 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Y 9/24/66 M.D. DIRECTOR PHYS. Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. 230 BURIAL CREMATION 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City as/Town) REMOVAL (Specify) Washington, Mount Olivet Cem. 2Sb. REGISTRAR S SIGNATUR 2So REC'D BY REGISTRAR VR A15 (4 DATE OCT 20 M 1/III

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by the	b. CITY DR TDWN (If outside corporate limits, write RURAL at write RURAL and give nearest town)	nd give nearest town)
hour rs. rs.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
fille pape	CHI3 PORTAL AVE (413 PORTAL AVE	ON A FARM?
ithin ithin bon mith	3. NAME OF First Middle Last 4. DATE Month OF	Day Year
omple carl	(Type or print) PIAE A. // LINGROVE DEATH JEDT	2 19 66
Shaben a vithin 24 hours after shaben completely filled in by the flease remove carbon papers. Pages 1 and in any event, within 72 hours after	I last birthday) Months D	Days Hours Min.
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iffica g ph nen noval	SAMUEL HENDERSON 14. MOTHER'S MAIDEN NAME FFFIE GHUSON	
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The law requires that the death certificate be executed or attending physician. cate has been signed by the attending physician and ruse as the burial-transit permit. Then please removes the prior to berial, cremation, er memoval, and in any	(Yes, no, or unknown) (If yes give war or dates of service) 514-01-1339 THOMAS E. WINGROVE	2
he d y the sit p matin	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
hat 1 cian. ed b tran 1, cre	PART I. DEATH WAS CAUSED BY: CARCINOMA OF BREAST =	
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PHYSICIAN: the hospital this certifi detached fo e Dept. of H		tv) (State)
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ATTENDING retained by ECTOR: After 3 should be with the Stat	saw tire deceased alive on 3 2 1 1964, and that death occurred at 3 A M, from the causes and on the	e date stated above.
AL OR INTERPRETATION DIRECTION OF THE PAGE 3	220, SIGNATURE 220, DAT M.D. ATTENDING MED. STAFF PHYS. PHYS.	2-66
may may RAL r, pa	22c. /PHYSICIAN'S 122d. ADDRESS	HIII, MD
TO HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR. After director, page 3 should be should lie filed with the Stat	23a.) BURIAL CREMATION, 23b. DATE THEREOF 23c/ NAME OF CEMETERY OR CREMATORY / 23d. LOCATION (City, town or coun	ity) / (State)
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	24. FUNERAL DIRECTOR , MODRESS , DEL D. C 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	# / / / h
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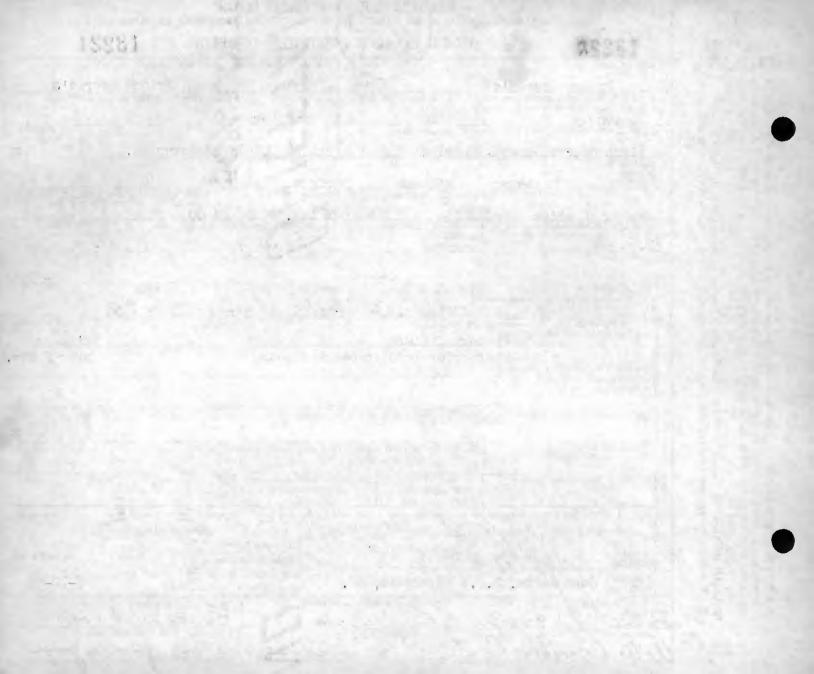


AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE NE DEATH **HEALTH DERT** PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) COUNTY b. COUNTY MARYLAND delay is necessary, and 3 to the funeral 3. Page 5 may be Department after death, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 12811 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? State hours ND W YES T 2, and PM3. First 3. NAME DE DATE Middle Last Month Year DECEASED (Type or print) DEATH 2 with within death. If a e Pages 1, 5. SEX AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 6. COLOR NEVER MARRIED ₿. DATE OF BIRTH E OLITI 7. MARRIED last birthday) Months Pages Bays Hours DIVDRCED N) WIDOWED event 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? pages 1 in any FATHER'S NAME MOTHER'S MAIDEN NAME n Item File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. I removal, certificate should be executed within ting the word "pending" in pencil is led to the Chief Medical Examiner's INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH DEATH WAS CAUSED BY: burial-transit i IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating the co. ed as a burial, underlying cause last. 19. WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION PERFORMED? NO YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. forwarded 3 should tagent, price CAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While at work at work gnated the cert and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry FUNERAL DIRECTOR: Undetermined manner Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER Your Page ACTUAL TANT MEDICAL EXAMINER for 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** retained director. Address (Street, city, town, or county) NAME (Type) CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. THEREOF 23b. REMOVAL (Specify) 0 REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. FUNERAL DIRECTOR VR A15ME 350D 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 3 to Page o. STATE Prince George's death. Prince George's MARYLAND Maryland Department b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b write RURAL and give nearest town) after Landover DOA Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE form haurs ON A FARM? Box 1202, Old Landover Rd Prince George General Hospital NO S YES 24 haurs after death. 3. NAME OF Middle 4. DATE Last Dov Year DECEASED (Type or print) with the William Wright DEATH 19 66 Lester S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last pirthday) Months Days WIDOWED DIVORCED fem 1 28 Aug. 1906 event Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLAQ (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any = DRIVER ENNA within 13. FATHER'S NAME penci 14. MOTHER'S MAIDEN NAME .= LINIC phip IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT be executed Address (Yes, na, ar unknown) (If yes give war ar dates of service) remayal 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Heart failure Ы ward This certificate shauld crematian, DUE TO Arteriosclerotic heart disease over 5 yrs. Canditians, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 shauld PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Haur o.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While at work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection x, Inquiry & and in my opinion deoth resulted from: Noturo couses for Accident Suicide | Homicide | Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY OF DEPUTY MEDICAL EXAMINER (X **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. 9-12-66 Health Address (Street, city, tawn, ar county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) SUITLAND UNCOIN 24. FUNERAL DIRECTOS SADDRESS 11 DE ST. 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR VR A15ME (5) Marles SE . WACH, OGATEFP

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Prince Georges MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Hvattsville Washington. D. C. ⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Madison Manor Convalescent Home within 3500 YES T NO th Street within completely carbon 3. NAME OF Middle DATE Month Day Year First Last DECEASED FLOSSYE MAR YATES DEATH September 1966 (Type or print) executed 6. COLOR OR RACE | 7. MARRIED and con 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) Months I Hours any 8/15/82 DIVORCED T emale 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? attending physic ermit. Then plea Clerk - Typist -U.S. Missouri S. Government 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Margaret Shoemaker George Atkinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) transit permit, cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT Address death Decedent mone the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) been signed I the burial-trai or to burial, cra DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. certificate NO T YES PHYSICIAN 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of item 18.) tached f Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained ould 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on M. from the causes and on the date stated above. and that/death occurred at 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. FUNERAL O HOSPITAL director, p 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) C. Avenue-Washington.DC Robert Haile New York 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23c. 0 REMOVAL (Specify) Fairview Cemeterv Virginia Buria Culnener 25b. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 966 -Washington, DC S.H. Hines Company VR A15 (4) DATE 20M 1/65

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